



Northern Ireland Taxi Drivers' Survey

PA Consulting Group/Taxi Research Institute
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21st December 2010

Dear Taxi Driver

Anonymous survey for the review of taxi fares in Northern Ireland

PA Consulting and the Transport Research Institute have been asked by the DOE to develop a suitable taxi fare structure for taxis in Northern Ireland.

Your name was randomly chosen from the Driver and Vehicle Agency database of licensed taxi drivers. A total of 1,000 drivers will receive this survey. By completing this, you will help ensure that an appropriate fare is set for your business.

Any responses will remain anonymous and will not be used except for determining a maximum fare structure.

You are not being asked to provide any data that could identify you.

Any data provided will NOT be passed to any other Government agency.

The survey will take about 10 minutes to complete. There are two ways you can complete this survey

- On-line - at www.tiny.cc/TaxiDriverSurvey
- Fill in this form and return in the reply paid envelope

The deadline for completion of the questionnaire is Friday 21st January 2011.

Many thanks for your help.

A handwritten signature in blue ink that reads 'Charlie Henderson'.

Charlie Henderson (PA Consulting Group)

Section 1: You and your vehicle

We would like to ask about your vehicle to help us understand the fleet.

- 1a. In which area do you normally operate
(please enter town or area name) _____
- 1b. Please enter your taxi licence type
(eg: Belfast Public Hire,
Public Hire Outside Belfast, Private Hire etc) _____
- 1c. In which of the following areas do you normally operate?
- a. Belfast city centre
 - b. Belfast suburbs
 - c. Belfast surrounding towns (e.g. Lisburn,
Newtownabbey)
 - d. North East
 - e. North coast
 - f. L/Derry city centre
 - g. North West
 - h. South west
 - i. South East
- 1d. Are you male or female? Male () Female ()
- 1e. When was the last time you picked up a fare
- | | |
|---|-----------------------|
| 1 | Within the last day |
| 2 | Within the last week |
| 3 | Within the last month |
| 4 | More than a month ago |
| 5 | None of the above |
2. Do you own or rent your vehicle: Own / Rent
3. Approximately how many miles **overall** (on the clock) do you drive a year?
_____Miles
4. And how many miles **in service** (with passengers) do you drive a year?
_____Miles
5. Has your vehicle been modified in any way? Yes / No
- If Yes, how has your vehicle been modified? _____
6. How long have you driven your current vehicle as a taxi? _____ Years
7. How soon are you planning to replace your vehicle (*Please tick*)?
- | | |
|-----------------|-----|
| Within 6 months | [] |
| 6 – 12 months | [] |
| 12 – 24 months | [] |
| Over 24 months | [] |
8. With which vehicle type are you likely to replace your current taxi? _____

Section 2: Your working week

This section asks about the hours you work and the demand for taxis.

9. Do you work regular shifts, or at similar times in the week? Yes/No
- 9a. Approximately how many hours do you work a week? _____ hours a week
10. Are there any issues that affect your choice of shifts?
(Tick as many as appropriate)
- | | |
|----------------------|-----|
| Personal Preference | [] |
| Vehicle Availability | [] |
| Lack of customers | [] |
| Personal Safety | [] |
- Other _____
11. Approximately how many passenger trips (fares) would do in a week? _____

Section 3: Your operating costs

This section looks at the costs associated with running a taxi, including the costs of maintaining a vehicle.

12. Please indicate which of the following best describes ownership of your vehicle:
- | | |
|---|-----|
| I own my vehicle outright (no vehicle repayments) | [] |
| I own my vehicle and make credit/bank payments | [] |
| I rent my vehicle from another individual | [] |
| I rent my vehicle from a taxi company | [] |
| I lease my vehicle from a leasing company | [] |
- 12a. Please indicate your approximate monthly vehicle payments. £ _____
13. Please estimate the current price of fuel you normally pay £ _____/litre
14. Which of the following best describes your maintenance costs:
- | | |
|--|-----|
| I have my vehicle serviced by a garage and pay for each service separately | [] |
| I have my vehicle serviced by a garage as a part of a service contract | [] |
| I service my own vehicle and purchase parts as required | [] |
- Other: _____
- 14a. On average, how frequently is your vehicle serviced? _____
15. In the last 12 months, which of the following have been replaced or repaired?
(Please cross for each item required in the last 12 months, and enter a number if you have replaced more than one item (eg: Tyres) or had a single item replaced more than once.)
- | | | Replaced in last 12 months | |
|----------------|------------------|----------------------------|------------------|
| Tyres | [] Number _____ | Track Rod Ends | [] Number _____ |
| Clutch | [] Number _____ | Respray | [] Number _____ |
| Springs | [] Number _____ | Interior Seat | [] Number _____ |
| Shock Absorber | [] Number _____ | Wiper Motor | [] Number _____ |
| Exhaust | [] Number _____ | Wiper Blade | [] Number _____ |
| Radiator | [] Number _____ | Brake Shoes | [] Number _____ |
| Brake pump | [] Number _____ | Brake Pads | [] Number _____ |
| Brake pipe | [] Number _____ | Windscreen | [] Number _____ |

Engine	[]	Number _____	Battery	[]	Number _____
Gearbox	[]	Number _____	Bumper	[]	Number _____
Brake Pads	[]	Number _____	Body panel	[]	Number _____
Starter Motor	[]	Number _____	Tail lamp	[]	Number _____

Others: *(Please include all other parts replaced in last 12 months. Continue on a separate sheet if necessary)*

Part _____ Number _____

Part _____ Number _____

If you have **ever** replaced any of the parts in the above list over the life of your current vehicle but **NOT in the last 12 months**, please list these below, including the approximate date you last replace them. *(Please include all other parts replaced over life of vehicle. Continue on a separate sheet if necessary)*

Part _____ Number _____ date of last repair/replace _____

Part _____ Number _____ date of last repair/replace _____

16. Please estimate your approximate annual cost for the following. If you do not incur a cost please enter 0.

Cost of vehicle insurance £ _____

Cost of radio / depot fee £ _____

Cost of airport rank fees £ _____

17. Please use the space overleaf, or submit an additional sheet, to tell us anything else you feel we should be aware of in undertaking our study.

Thank you for completing this survey.