Missouri State Highway Patrol • Driver Examination Division

Please take a few minutes to tell us about your recent visit to the Highway Patrol Driver Examination Office. This will help us continually improve the service we provide to you. Thank You.

OFFICE LOCATION	DATE	TIME ☐ AM ☐ PM

THE PURPOSE OF MY VISIT WAS:

- ☐ Written Test(s)
- ☐ Driving Skills Test
- ☐ Motorcycle skills test
- ☐ Commercial Driver License (CDL) Skills Test(s)
- ☐ Other

PLEASE RATE US ON THE FOLLOWING:

1 - EXCELLENT 2 - GOOD 3 - POOR

	1	2	3
I Was Treated Courteously.	☐	☐	☐
The Staff Was Knowledgeable.	☐	☐	☐
The Staff Was Helpful.	☐	☐	☐
The Service Provided Was Efficient.	☐	☐	☐
The Waiting Time Was Adequate.	☐	☐	☐

COMMENTS / CONCERNS: _____

_____

_____

MAY WE CONTACT YOU?

NAME: _____

PHONE: _____

E-MAIL ADDRESS: _____

This survey may also be completed online at www.mshp.dps.mo.gov. Select Divisions from the menu on the left, then select Driver's Examination.