



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
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THE PURPOSE OF MY VISIT WAS:	PLEASE RATE US ON THE FOLLOWING:								
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%; text-align: center;">2</td> <td style="width: 33%; text-align: center;">3</td> </tr> <tr> <td></td> <td style="text-align: center;">POOR</td> <td style="text-align: center;">GOOD</td> <td style="text-align: center;">EXCELLENT</td> </tr> </table>		1	2	3		POOR	GOOD	EXCELLENT
	1	2	3						
	POOR	GOOD	EXCELLENT						
Written Test(s)	I Was Treated Courteously.								
Driving Skills Test	The Staff Was Knowledgeable.								
Motorcycle Skills Test	The Staff Was Helpful.								
Commercial Driver License (CDL) Skills Test(s)	The Service Provided Was Efficient.								
Other	The Waiting Time Was Adequate.								

COMMENTS / CONCERNS:

MAY WE CONTACT YOU? NAME:

PHONE:

E-MAIL ADDRESS: