



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1415 SACRAMENTO CA

POSTAGE WILL BE PAID BY ADDRESSEE

OFFICE OF THE DIRECTOR
DEPARTMENT OF MOTOR VEHICLES
PO BOX 932328
SACRAMENTO CA 94299-9982



(Fold Here/ere) (Fold)

Please do not include any identifying information such as your driver license number, social security number, or credit card information.

Comments:

Horizontal lines for writing comments

(Tape Here/ere) (Tape)



YOUR OPINION MATTERS!

**How
are we
doing**

"We read every card."



Scan the QR Code or visit
SURVEY.DMV.CA.GOV

EXEC 90 (REV. 4/2015)



First-class, quality service is our #1 goal. You should receive courteous service with every visit or telephone call.

Here is why we want your opinion:

- **To get a better understanding of your DMV experience**
- **To share your feedback with the people who served you**
- **To focus our efforts on the most important things that will improve your next visit**

And the next time that you need to conduct business with DMV, keep in mind that you can:

- Visit the DMV's website at www.dmv.ca.gov to make an appointment, complete many transactions, and obtain DMV information and publications, including the driver handbook and forms.
- Use our telephone service by calling 1-800-777-0133. You can make an appointment and handle many transactions using our automated phone system. We'll also mail you forms, including the driver handbook.
- Complete your vehicle registration online, on the "DMV Now" mobile app, by mail, using the automated phone system, at a self-service terminal, or at participating business partners.
- Renew your driver license online, by mail or using the automated phone system if your renewal notice states you are eligible.

Please detach the survey card at the perforated line and place in the DMV Express Box or mail your response prepaid to DMV.

Please do not include any identifying information such as your driver license number, social security number, or credit card information.

DETACH HERE

Customer Feedback Card

Date of Visit _____

Time of Visit _____

Please complete this card to help us serve you better.

1. How satisfied were you with your DMV experience?

Extremely Unsatisfied	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	Extremely Satisfied
<input type="checkbox"/>						

2. Which office location did you visit? _____

3. What was the reason for your visit?

<input type="checkbox"/> ID Card	<input type="checkbox"/> Driver License	<input type="checkbox"/> Drive Test
<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Other _____	

4. Did you have an appointment? Yes No

5. Were you able to complete your intended transaction? Yes No

6. Please tell us how satisfied you were with:

	Extremely Unsatisfied	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	Extremely Satisfied
Wait time	<input type="checkbox"/>						
Service from DMV staff	<input type="checkbox"/>						
Information provided to you	<input type="checkbox"/>						
Condition of the building/facilities	<input type="checkbox"/>						

7. In case we have to contact you for further information, please print your name and phone number in the line below.

Customer Name: _____

Phone Number: _____

E-mail Address: _____

8. Do you have a compliment or complaint about a DMV employee? Additional space for comments about our service is available on the other side of this card.

Employee Name: _____