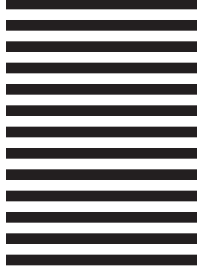




NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**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 / e/ere /old F)

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/ e/ere /Tape)



**YOUR OPINION MATTERS!**

**How  
are we  
doing**

*"We read every card."*



EXEC 90 (REV. 4/2015)

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



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](http://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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service from DMV staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the building/facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: \_\_\_\_\_