OMB Approval #1625-0080
Expiration Date:

USCG Merchant Mariner Licensing and Documentation (MLD) Program

Your Opinion Matters!

THE USCG IS COMMITTED TO PROVIDING YOU WITH EXCELLENT SERVICE. PLEASE HELP US IMPROVE OUR PROCESSES BY COMMENTING ON THE SERVICES YOU RECEIVED. YOUR FEEDBACK WILL BE USED TO GUIDE OUR EFFORTS TO IMPROVE OUR SERVICES AND PROCESSES. ALL INFORMATION WILL BE KEPT CONFIDENTIAL. PLEASE PLACE THE SURVEY IN THE RESPONSE BOX OR MAIL TO OUR CONTACT ADDRESS BELOW.

(OPTIONAL INFORMATION)

YOUR NAME: _____ DATE: _____

CONTACT PHONE NUMBER/EMAIL: _____ ZIP CODE: _____

PLEASE DESCRIBE THE NATURE OF YOUR BUSINESS WITH THE USCG (PLEASE CHECK ALL THAT APPLY):

METHOD	LOCATION	CREDENTIAL	TRANSACTION TYPE	SERVICE
( ) IN PERSON	( ) REGIONAL EXAM CENTER: _____	( ) LICENSE	( ) ORIGINAL	( ) GENERAL INFO
( ) BY TELEPHONE		( ) STCW CERTIFICATE	( ) RENEWAL ( ) DUPLICATE	( ) APPLICATION PKG.
( ) BY MAIL	( ) NATIONAL MARITIME CTR, ARLINGTON, VA	( ) MERCHANT MARINERS DOCUMENT	( ) RAISE IN GRADE	( ) EVALUATION
( ) BY EMAIL	( ) OTHER: _____	( ) CERTIFICATE OF REGISTRY	( ) CHANGE IN SCOPE	( ) TESTING
( ) WEBSITE			( ) ENDORSEMENT	( ) ISSUANCE

WHY DID YOU CHOOSE THIS LOCATION? (PLEASE CHECK ALL THAT APPLY)

( ) CLOSEST TO MY LOCATION ( ) PROFESSIONALISM OF SERVICE ( ) SPEED OF SERVICE
( ) MY FILE IS LOCATED HERE ( ) OTHER (PLEASE COMMENT BELOW)

PLEASE INDICATE YOUR AGREEMENT WITH THE STATEMENTS BELOW AS FOLLOWS:
(IF THE STATEMENT IS "NOT APPLICABLE", PLEASE WRITE "N/A".)

STRONGLY AGREE — MODERATELY AGREE — MODERATELY DISAGREE — STRONGLY DISAGREE

10 9 8 7 6 5 4 3 2 1

STATEMENT	RESPONSE
• I FEEL THAT THE SERVICE RECEIVED FULLY SATISFIED MY NEEDS	
• I WOULD RECOMMEND THIS LOCATION TO ANOTHER MARINER	
• THE NMC WEBSITE OR LOCAL REC WEBSITE PROVIDED ANSWERS TO MY QUESTIONS	
• THE INFORMATION PACKETS AND FORMS WERE EASY TO USE	
• THE TIME TO PROCESS MY APPLICATION WAS WITHIN THE STATED PROCESSING PERIOD	
• THE STAFF WAS KNOWLEDGEABLE AND PROFESSIONAL	
• SOMEONE WAS ABLE TO ANSWER MY QUESTIONS	
• I WAS ABLE TO REACH A CLERK, EVALUATOR, EXAMINER, OR SUPERVISOR, AS NECESSARY	
• THE FACILITIES WERE CLEAN AND ADEQUATE AND MET MY NEEDS	
• THE EXAMINATIONS WERE APPROPRIATE FOR THE CREDENTIALS I NEEDED	
• THE USCG APPROVED COURSES WERE APPROPRIATE FOR THE CREDENTIALS I NEEDED	

WOULD YOU LIKE SOMEONE TO CONTACT YOU (HAVE YOU INCLUDED YOUR CONTACT DETAILS)? ( ) YES ( ) NO

PLEASE HELP US BY PROVIDING WRITTEN EXPLANATIONS ON THE BACKSIDE OF THIS SHEET. WE ALSO WELCOME OTHER IMPROVEMENT SUGGESTIONS AND COMPLIMENTS TO OUR TEAM.

PLEASE RETURN COMPLETED OPINION FORMS TO ONE OF OUR TEAM OR SEND IT TO:

Thank You!

MLD-FM-REC-08(3)

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this form is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-PCQ), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, **Paperwork Reduction Project (1625-0080), Washington, DC 20503"**