



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
<input type="checkbox"/> IN PERSON	<input type="checkbox"/> REGIONAL EXAM CENTER:	<input type="checkbox"/> LICENSE	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> GENERAL INFO
<input type="checkbox"/> BY TELEPHONE	_____	<input type="checkbox"/> STCW CERTIFICATE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> APPLICATION PKG.
<input type="checkbox"/> BY MAIL	<input type="checkbox"/> NATIONAL MARITIME CTR, ARLINGTON, VA	<input type="checkbox"/> MERCHANT MARINERS DOCUMENT	<input type="checkbox"/> RAISE IN GRADE	<input type="checkbox"/> EVALUATION
<input type="checkbox"/> BY EMAIL	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> CERTIFICATE OF REGISTRY	<input type="checkbox"/> CHANGE IN SCOPE	<input type="checkbox"/> TESTING
<input type="checkbox"/> WEBSITE			<input type="checkbox"/> ENDORSEMENT	<input type="checkbox"/> 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
<input type="checkbox"/> I FEEL THAT THE SERVICE RECEIVED FULLY SATISFIED MY NEEDS	
<input type="checkbox"/> I WOULD RECOMMEND THIS LOCATION TO ANOTHER MARINER	
<input type="checkbox"/> THE NMC WEBSITE OR LOCAL REC WEBSITE PROVIDED ANSWERS TO MY QUESTIONS	
<input type="checkbox"/> THE INFORMATION PACKETS AND FORMS WERE EASY TO USE	
<input type="checkbox"/> THE TIME TO PROCESS MY APPLICATION WAS WITHIN THE STATED PROCESSING PERIOD	
<input type="checkbox"/> THE STAFF WAS KNOWLEDGEABLE AND PROFESSIONAL	
<input type="checkbox"/> SOMEONE WAS ABLE TO ANSWER MY QUESTIONS	
<input type="checkbox"/> I WAS ABLE TO REACH A CLERK, EVALUATOR, EXAMINER, OR SUPERVISOR, AS NECESSARY	
<input type="checkbox"/> THE FACILITIES WERE CLEAN AND ADEQUATE AND MET MY NEEDS	
<input type="checkbox"/> THE EXAMINATIONS WERE APPROPRIATE FOR THE CREDENTIALS I NEEDED	
<input type="checkbox"/> 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)

