

**U.S. Fish and Wildlife Service
National Wildlife Refuge System**

ALASKA GUIDE SERVICE EVALUATION

As a recent visitor to a national wildlife refuge in Alaska and a client of a refuge authorized guide service, we ask that you voluntarily complete this survey and return it to us using the enclosed envelope. You may also return the form via email, facsimile, or in person to the refuge. We will also accept your responses over the telephone. Your responses will help ensure that refuge visitors in Alaska receive high quality services and experiences. You will not be contacted for further information unless you check the box at the end of this form indicating that it is all right to do so. Please attach additional sheets, if necessary.

1. Your name: _____

2. Name of guide on contract (if applicable): _____

3. Name(s) of guide(s) that assisted you in the field: _____

4. Activity for which you engaged the guide service (i.e. big game hunting, sport fishing, river or float trip, etc.):

5. Dates and location of guided activity (river drainage or other significant geographic reference):

6. Were the guide services provided as advertised or represented? Yes ____ No ____
(if no, please explain):

7. Did you have any concerns about your personal safety during your guided activities?

Yes ____ No ____ (if yes, please explain)

8. Do you feel your guide took appropriate actions to minimize impacts on the environment (e.g., practicing Leave No Trace techniques)?

Yes ____ No ____ (if no, please explain)

9. Overall, were you satisfied with the guide services provided to you?

Yes ____ No ____ (if no, please explain)

10. Please provide any additional comments you would like regarding this guide service or your refuge experience:

Thank you for your input!

May we contact you for more information? Yes ____ No ____

If yes, please indicate a preferred method for contact (i.e., telephone, mail, email address, etc.).

Paperwork Reduction Act Statement. In accordance with the Privacy Act (5 U.S.C. 552a) and the Paperwork Reduction Act (44 U.S.C. 3501), please note the following information. This information collection is authorized by the National Wildlife Refuge System Administration Act (16 U.S.C. 668dd-ee). Your response is voluntary. We will use this information to help ensure quality visitor services on national wildlife refuges in Alaska. We will aggregate the information and use it only for statistical purposes. We do not maintain personal identifying information. OMB has assigned OMB Control No. 1018-0141, which expires XX/XX/2018. Your response is not required unless a currently valid OMB control number is displayed. We estimate that it will take 15 minutes to complete this form. You may direct comments regarding the burden estimate or any other aspect of the form to the Service Information Collection Clearance Officer, Division of Policy, Performance, and Management Programs, Fish and Wildlife Service, Mail Stop BPHC, 5275 Leesburg Pike, Falls Church, VA 22041-3803.