**OMB Number: 2900-0835  
Respondent Burden: 4 minutes  
Expiration Date: 08/17/2018**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. No person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**Post-Determination Letter**

1. **Did you receive a determination within the 60 day regulatory time requirement after your application was complete?**

**Yes ☐ ☐ No**

1. **Was your application approved or denied?**

**Approved ☐ Denied ☐**

1. **How probable is it you would recommend other service-disabled Veteran-owned or Veteran-owned small businesses to apply for CVE verification?**

**1 ☐ Not probable 2 ☐ Somewhat improbable 3 ☐ Neutral   
 4 ☐Somewhat probable 5 ☐ Very probable**

1. **How would you evaluate your experience with CVE while applying for the verification program?**

**1 ☐ Poor 2 ☐Fair 3 ☐Good 4 ☐Very Good 5 ☐ Excellent**

1. **Please provide any comments, feedback or suggestions to improve the CVE Verification process.**

6. Now think about your experiences with **all the services** provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly agree |
| **I got the service I needed.** |  |  |  |  |  |
| **It was easy to get the service I needed.** |  |  |  |  |  |
| **I felt like a valued customer.** |  |  |  |  |  |
| **I trust VA to fulfill our country’s commitment to Veterans.** |  |  |  |  |  |