# FAST Track 3090-0297 Req-10 Fleet Marshaling Transactional Survey

### Screen 1



Our records indicate that you scheduled at least one appointment to pick up your new GSA vehicle in the last month. Were you able to successfully pick up your new GSA vehicle?
O Yes
O No
CMD N - 2000 2007
OMB No: 3090-0297 Expires 07/31/2019
Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the
Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB)
control number. The OMB control number for this collection is 3090-0297. We estimate that it will take 5 minute/s to read
the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing
this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (MVCB), ATTI
Joanne Sosa/IC 3090-0297, 1800 F Street, NW, Washington, DC 20405.

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If Yes, then Display Screen 2.

If No, then skip to Screen 6



O Excellent
O Good
O Average

O Poor
O Very Poor

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If Average, Poor, or Very Poor, then display Screen 3

If Excellent or Good, skip to Screen 4.



In what areas could we improve your	vehicle exchange experience?	Please check all that
apply.		

Convenience of location
Professionalism
Timeliness of vehicle exchange
Other

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In the future, would you prefer that your vehicle be delivered to you for an additional fee?

O Yes

O No

O N/A

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Submit

## End of Survey:



Thank you for taking the time to provide feedback on your vehicle exchange experience.

For additional information about the Office of Fleet Management, please visit our  $\underline{\text{website}}$  or contact your Fleet Services Representative.



What prevented	I you from picking up your new vehicle? Select all that apply.			
☐ The location	y schedule changed, and I could not make the appointment. e location was not convenient for me.			
☐ Other	☐ The time was not convenient for me. ☐ Other			

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Please use the VFE to reschedule your appointment at your earliest convenience. If you have any issues, please contact your FSR.

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Submit

## End of Survey:



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