



## MARAD CVSSA Program Survey (Voluntary)

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<b>Company Name (Optional):</b>	
<b>Date:</b>	
<b>Objective:</b>	The objective of this survey is to receive feedback on services provided to the MARAD Certified CVSSA Training Providers from MARAD's CVSSA Program Manager. This survey is by no means required; it is purely voluntary. The results of the survey will be reported as aggregate information and solely used to improve MARAD's CVSSA Training Provider Certification program. Upon completing the survey, you may email the form to <a href="mailto:CVSSA-MARAD@dot.gov">CVSSA-MARAD@dot.gov</a> . Thank you for considering.

1. The MARAD CVSSA Program Manager who evaluated my application was courteous and professional.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- N/A

2. The MARAD CVSSA Program Manager who assessed my application was knowledgeable.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- N/A

3. The MARAD CVSSA Program Manager provided quality feedback in progressing my application towards certification or with MARAD program audit non-conformities.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- N/A



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4. I was satisfied with the timeliness of the MARAD CVSSA Program Manager.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- N/A

5. Overall I was satisfied with the service I received the MARAD CVSSA Program Manager

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- N/A

6. Provide additional comments relevant to the management of the MARAD CVSSA Program.

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*Comments:*

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