

Missouri State Highway Patrol • Driver Examination Division



Please take a few minutes to tell us about your recent visit to the Highway Patrol Driver Examination Office. This will help us continually improve the service we provide to you. Thank You.				
OFFICE LOCATION		DATE	TIME	□ AM □ PM
THE PURPOSE OF MY VISIT WAS: PLEASE RATE U		S ON THE FOLLOWING:		
 □ Written Test(s) □ Driving Skills Test □ Motorcycle skills test □ Commercial Driver License (CDL) Skills Test(s) □ Other 	I Was Treated Co The Staff Was Kn The Staff Was He The Service Prov The Waiting Time	owledgeable. Ipful. ided Was Efficient.	- GOOD 1 2 3 0 0 0 0 0 0 0 0 0 0 0 0	3 - POOR
COMMENTS / CONCERNS:				
MAY WE CONTACT YOU? NAME: PHONE: E-MAIL	ADDRESS:			

This survey may also be completed online at www.mshp.dps.mo.gov. Select Divisions from the menu on the left, then select Driver's Examination.