Thank you for choosing to participate in this short survey. The survey’s focus is the customer service that is provided by the National Firearms Act Division (NFA Division), the Firearms & Explosives Services Division (FESD), and their branches:

- Industry Processing Branch (NFA Division)
- Government Support Branch (NFA Division)
- Federal Firearms Licensing Center (FESD)
- Firearms and Explosives Imports Branch (FESD)
- Federal Explosives Licensing Center (FESD)

The survey consists of questions directly related to your experience when contacting NFA Division, FESD or one of its branches. The questions are in yes/no, multiple choice and fill-in-the-blank format. For each question, please provide the answer that most closely represents your opinion related to the service that was provided to you. Your answers will help us to provide excellent customer service for both the firearms and explosives industry as well as the general public. You will also have the opportunity to offer general comments at the end of the survey.

**Type of Customer**
Are you: (Indicate ONE answer)
- Industry Member
- Local or State Police
- Federal Government (Agency)
- State or Local Government (Agency)
- Private Citizen
- Member of U.S. Military
- Other (Describe)

**Contact Frequency**
How many times in the past year have you contacted NFA Division, FESD or one of its branches?
- 1-2 times
- 3-4 times
- More than 4 times

**Method of This Contact**
In what way did you contact us most recently?
- Phone
- Letter
- Fax
- Email
- In Person (such as at a conference or show)

**Servicing Office**
Which servicing location did you contact most recently? If you have had contact with multiple branches, please complete a separate survey for each contact.
- Industry Processing Branch
- Government Support Branch
- Federal Firearms Licensing Center
- Firearms and Explosives Imports Branch
- Federal Explosives Licensing Center
- Division Staff Member
- I Don’t Know

**Date of Service**
Please provide the date you contacted the above servicing location
Date ___________________________

**Service Rating**
Using the below scale, please rate the person who most recently assisted you.

<table>
<thead>
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<th></th>
<th>Outstanding</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unacceptable</th>
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<tbody>
<tr>
<td>Courteous</td>
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<td>Prompt</td>
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<td>Knowledgeable</td>
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<td>Professional</td>
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<td>Helpful</td>
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<tr>
<td>Understood your problem</td>
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<td>Solved your problem</td>
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<tr>
<td>Overall service provided</td>
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</tbody>
</table>

**Individual Who Provided Service**
Please provide the name of the individual who most recently assisted you (if known). If you have had contact with multiple people, you may complete a separate survey for each contact.
Name ___________________________

**Voice Message**
If you called and left a voice message, did you receive a call back?
- Yes
- No
- N/A

**Response Time**
Please provide the amount of time it took to get a call back:
- Within 1 hour
- Within 4 hours
- By the end of the business day
- By the next business day
- Within 2-3 days
- Within 1 week
- Longer than 1 week

**Transfers**
If you were transferred or referred to another individual or agency, were you given useful names and/or phone numbers?
- Yes
- No
- N/A

**Supervisor/Management**
If your problem or issue could not be resolved with an initial phone call and you sought elevated assistance, were they able to assist in resolution?
- Yes
- No
- N/A

**Overall, how would you rate your most recent experience with our Division/Branch?**
- Outstanding
- Good
- Fair
- Poor
- Unacceptable

**OPTIONAL**
To improve future customer service, may we contact you about your survey responses?
- Yes
- No

**Contact Information**
Please provide your contact information so that we may follow up regarding your responses:
Name ___________________________
Phone number ______________________
Best time to call ___________________
E-mail address _____________________

**Comments**
Please provide any comments on how we can improve the quality of service:
___________________________________________________________
___________________________________________________________
___________________________________________________________

**Paperwork Reduction Act Notice**
This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is to capture data that permits the accurate assessment of program activities, and assists in increasing customer satisfaction.

The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.