



STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES

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APPLICATION SURVEY

Dear Applicant:

Efforts have been made to ensure that the application and the application process are clear. In order for us to improve our service and increase the quality of information we provide, please take a few moments to answer the following questions. Check the appropriate boxes and return the survey to:

Idaho Bureau of Occupational Licenses
P.O. Box 83720
Boise, Idaho 83720-0063
Email: ibol@ibol.idaho.gov

- Were the instructions for the applications clear and complete? [] Yes [] No
Were the questions on the applications understandable? [] Yes [] No
Did you receive all of the information you requested from us? [] Yes [] No

If you answered "no" to any of the above, please identify the reason(s) below.

Horizontal lines for providing reasons for "no" answers.

If you would like more information or a response to your comments, please include your name and address.

Horizontal line for providing name and address.