



STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES

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APPLICATION SURVEY

Dear Applicant:

Efforts have been made to insure that the application packet you received contains current forms and information. 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. Just check the appropriate boxes and return the survey to the Bureau office, addressed

IBOL SURVEY
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063

- Were the instructions for the applications clear & complete? [] yes [] no
Were the questions on the applications understandable? [] yes [] no
Was the print quality of the applications good? [] 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 & address.

Thank you for helping us to help you.