

**Questionnaire on the Quality of Services provided by the
Entertainment Special Effects Licensing Authority**

This questionnaire is to collect your views on the quality of services provided by Special Effects Licensing Section (Licensing Section) and other relevant departments with regard to processing your application. All information provided on this form will only be used by this Licensing Section and other relevant government departments for reference, and will not be used for other purposes. Please use a blank sheet if the space provided is insufficient. Thank you for your assistance.

(Please tick the appropriate boxes)

1. You have recently submitted the following application:

- | | | | |
|--------------------------|--------------------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Discharge permit (Stream A) | <input type="checkbox"/> | Special effects operator licence |
| <input type="checkbox"/> | Discharge permit (Stream B) | <input type="checkbox"/> | Movable store licence |
| <input type="checkbox"/> | Conveyance permit | <input type="checkbox"/> | Non-movable store licence |
| <input type="checkbox"/> | Registration of PSEM | <input type="checkbox"/> | PSEM supplier licence |
| <input type="checkbox"/> | Other issues (please specify): _____ | | |

2. How is the quality of services in general provided by this Licensing Section?

Very good	Good	Fair	Poor	Others

Comments: _____

3. What is your view on the attitude of the staff of this Licensing Section?

Very cooperative	Cooperative	Fair	Poor	Others

Comments: _____

4. How efficient was your application processed?

Very efficient	Efficient	Fair	Poor	Others

Comments: _____

5. What is your view on the quality of services of other relevant departments in processing your application?

- Not applicable
 Hong Kong Police Force:

Very good	Good	Fair	Poor	Others

Comments: _____

- Other Departments (please specify): _____

Very good	Good	Fair	Poor	Others

Comments: _____

Name: _____ Position: _____
 Name of Company: _____ Telephone No.: _____
 Date: _____ Signature: _____