I WA DNR.

Iowa Department of Natural Resources

Timber Transport Certificate

This is not a pest free certificates, please check state and federal quarantine(s)

1. Date of o	contract or sale:				
2. Commod	dity being transported (0	Check all that apply)	:		
Ti	mber (List Species):				
	rewood (List Species):				
	d Address of where the timber was harvested (Seller/Landowner):				
Name	e:		Address:		
City:		State:	Zip:	Phone:	
	ty:				
4. Address	of the loading point/sav	vmill/concentration	yard and County (Buyer):	
Ad	ddress is the same as "It	em 3"			
Name:			Address:		
				Phone:	
	ty:				
5. Name an	nd Address of final desti	nation sawmill, cond	entration point, c	ustomer, or other:	
Name	: Address:				
Coun	ty:				
I certify that			(Seller/Landow	ner) , have the authority to	sell timber to the
buying agent	t. (Signa	ture & Date)			
1	1 ()		(Duncan) have a		
I certify that I (we), (Signature & Date)			(buyer) , nave co	ompletely filled out the for	n to the best of
mv knowleda		•	in completing this	form constitute a violation	of Chapter 456A.36
	_	•		ct to the penalties therein.	·
	Da	nily Log Hauling She	et (to be filled out	in the field):	
Date Hauled		Destination		Driver's Signature	

01/2025 cmc DNR Form 542-0105

^{*}This form must accompany the logs being transported. Copies of this form are allowed for additional trucks carrying logs.

Please submit this form to TimberTransport@dnr.iowa.gov