

Return to: Iowa Dept of Natural Resources

Time of Transfer Inspector Certification

6200 Park Ave Ste 200 Des Moines IA 50321 Fax: 515-725-8201

Certified Time of Transfer Inspector Application (DNR Form 542-0192)

Name:		Phone:		
Business Name:		Email:		
Address:	City:		State:	Zip:
Experience and Education req	uirements:			
inspection course you MUST ha	Iowa's "Time of Transfer Inspeave; 1) two years experience ons, OR 2) take Iowa's "Basics of	perating, installi	ng, inspecting	g, designing or maintaining
 If you have two (2) years of below. 	of experience provide the cont	act information	and a descrip	otion of your experience
Business Name:		Phone:		
Address:	City:		State:	Zip:
Contact:			Years Exper	ience:
Describe Experience:				
Business Name:		Phone:		
Address:	City:		State:	Zip:
Contact:			Years Exper	ience:
Describe Experience:				
Attach additional sheets if nec	essary			
2. If you do not meet the exp Onsite Systems" class.	perience requirement, attach a	a copy of your co	ertificate of a	ttendance for the "Basic of
	is true and accurate, to the be Transfer Inspection Rules outli			
Print Name:				
Signature:			Date:	

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