



Send to: Iowa Dept of Natural Resources  
Time of Transfer Inspector Certification  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319-0034  
Fax: 515-281-8895

**Certified Time of Transfer Inspection Complaint Form  
(DNR Form 542-0193)**

Complainant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

e-mail \_\_\_\_\_ phone \_\_\_\_\_

Address of inspection (if different from above) \_\_\_\_\_

Certified Time of Transfer Inspector's Name \_\_\_\_\_

Address (if known) \_\_\_\_\_

Nature of Complaint

I certify that the above information provided is true and accurate to the best of my knowledge.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_