



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

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

Name _____ Phone _____

Business Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Experience and Education requirements:

State rules require you to take the “Time of Transfer Inspections” class to become certified. To qualify for the inspection course you MUST have; **1)** two years of experience operating, installing, inspecting, designing or maintaining private sewage disposal systems, OR **2)** take the “Basics of Onsite Systems” class.

1) If you have two (2) years of experience provide the contact information and a description of your experience below.

Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contact _____ Years of experience _____

Describe experience _____

Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contact _____ Years of experience _____

Describe experience _____

Attach additional sheets if necessary

2) If you do not meet the experience requirements, you must be registered for, or show proof of attendance at, the “Basic of Onsite Systems” class or the three day “Time of Transfer Inspector” course.

I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all terms and conditions of the DNR Time of Transfer Inspection Rules outlined in IAC 567 – Chapter 69, “Private Sewage Disposal Systems”.

Print Name _____

Signature _____ Date _____



I N S P E C T O R T R A I N I N G

Please use a separate registration form for each person attending. Duplicate as needed.

Pre-registration is required.

LOCATION AND DATE OF TRAINING: _____

COST: \$300/person for 2-day training. Please register separately for Basics of Onsite class (\$100).

*Social Security No. _____ - _____ - _____

*Name _____
Last First Initial

Representing _____

*Home Address _____ Bus. Phone _____

*City _____ State _____ *Zip _____

*Birthdate _____/_____/_____

Resident of Iowa Yes No Male Female

E-Mail _____

Please send this form and a copy of your DNR approval with your check for \$300, made payable to Des Moines Area Community College, to: DMACC, Attn: Caylene Hollinrake, Southridge Center, Rm 24, 1111 E. Army Post Rd, Des Moines, IA 50315

IF YOU HAVE QUESTIONS, PLEASE CALL CAYLENE HOLLINRAKE at 800-362-2127, OPTION 5, EXT 4920, or 515-256-4920

OR DENNIS HAYWORTH at EXT 6346, or EMAIL CAYLENE: cjhollinrake@dmacc.edu or DENNIS: dahayworth@dmacc.edu

If you wish to charge your tuition & fees, complete the following and fax with your approval to (515) 964-

6604. MasterCard/VISA No. _____ Expiration Date: _____

Signature needed for MasterCard/VISA _____



* Three Day training includes Basics of Onsite Wastewater Treatment course through OWTC followed by two days of Inspector Training classes and test.