APPROVED BY OMB: NO. 3150-0164 EXPIRES: 07/31/2010 Estimated burden per response to comply with this information collection reques t: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to i nfocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0164), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently vaild OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

NRC FORM 540 U.S. NUCLEAR REGULATORY COMMISSION (7-2007)			5. SHIPPER - NAME AND FACILITY				SHIPPER I.D. NUMBER	7. NRC FORM 540 A NRC FORM 541 A		PAGE(S) PAGE(S)	8. MANIFEST NUMBI (Use this number o	ER n all continuation pages)
UNIFORM LOW-LEVEL RADIOACTIVE							COLLECTOR	NRC FORM 542 A		PAGE(S)		
WASTE MANIFEST			LIGED DEDMIT NUMBER			MDED	PROCESSOR	ADDITIONAL INFORMATION		PAGE(S)		
SHIPPING PAPER 1. EMERGENCY TELEPHONE NUMBER (Include Area Code)			USER PERMIT NUMBER SHIPMENT NUMBER			MBER	GENERATOR TYPE (Specify)	9. CONSIGNEE - Nat	me and Facility Address		CONTACT	
ORGANIZATION			CONTACT				TELEPHONE NUMBER (Include Area Code)			TELEPHONE NUMBER (Include Area Code)		
ORGANIZATION				6. CARRIER - Name and Address				SIGNATURE - Author	rized consignee acknowled	ging waste receipt DATE		
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? YES 3. TOTAL NUMBER OF PACKAGES IDENTIFIED							SHIPPING DATE			40 CERTIFICATION		
NO NO	ON THIS MANIFEST						5 · · 5 · .	10. CERTIFICATION This is to certify that the herein-named materials are properly classified, described, packaged, marked, and labeled				
4. DOES EPA REGULATED YES WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? If "Yes," provide Manifest Number		CONTACT SIGNATURE - Authorized carrier acknowledging waste receipt				TELEPHONE NUMBER (Include Area Code)	and are in proper condition for transportation a Transprtation This also certifies that the materia		according to the applicable regulations of the Department of ials are classified, packaged, marked, and labeled and are in proper scribed in accordance with the applicable requirements of 10 CFR Parts			
						DATE	AUTHORIZED SIGNATURE		TITLE		DATE	
11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional inforation) 12. DOT LABEL "RADIOACTIVE"		12. DOT LABEL "RADIOACTIVE"	13. TRANSPORT INDEX	14. RT PHYSICAL AND CHEMICAL FORM			15. INDIVIDUAL RADIONUCLIDES		16. TOTAL PACKAGE ACTIVITY IN SI UNITS	17. LSA/SCO CLASS	18. TOTAL WEIGHT OR VOLUME (Use appropriate units)	19. IDENTIFICATION NUMBER OF PACKAGE
FOR CONSIGNEE USE ONLY					<u> </u>		·			<u>, l</u>		