APPROVED BY OMB: NO. 3150-0164

EXPIRES: (MM/DD/YYYY)

Estimated burden per response to comply with this information collection request: 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 FOIA, Privacy and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects. Resource@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 valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

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NRC FORM 540 U.S. NUCLEAR REGULATORY COMMISSION UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER			5. SHIPPER - NAME AND FACILITY				I.D. NUMBER	7. NRC FORM 540 AND 5	_	PAGE(S) PAGE(S)	MANIFEST NUMBER (Use this number on all of	continuation pages)
							DLLECTOR	NRC FORM 541 AND 541A PAGE(S) NRC FORM 542 AND 542A PAGE(S)				
79 ********		1				H_{m}	OCECCOD	ADDITIONAL INFORMATION				
Instructions: See NUREG/BR-0204 for detailed instructions for completing this form: http://www.nrc.gov/reading-rm/doc-collections/nuregs/brochures/br0204/		USER PERMIT NUMBER SHIPMENT NUMBER			BER	PROCESSOR GENERATOR TYPE (Specify)		CONSIGNEE - Name a	_	PAGE(S)	CONTACT	
EMERGENCY TELEPHONE NUMBER (Include Area Code)		CONTACT				(оресну)						
		CONTACT				TELEPHONE NUMBER (Include Area Code)					TELEPHONE NUMBER (Inc	clude Area Code)
ORGANIZATION		6. CARRIER - Name and Address				EPA I.D. NUMBER		SIGNATURE - Authorized consignee acknowledging waste receipt			DATE	
YES NO ON THIS MANIFEST			CONTACT				NE NUMBER					
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? If "Yes," provide Manifest Number NO						(Include Area Code)						
		SIGNATURE - Authorized carrier acknowledging waste receipt				DATE	ATE AUTHORIZED SIGNATU		E	TITLE		DATE
11. U. S. DEPARTMENT OF TRANSPORTATION DESCRIPTION 12. DOT LADEL		13. 14. PUNCION AND 15.						16.		17	18. TOTAL WEIGHT	19. IDENTIFICATION
(Including proper shipping name, hazard class, UN ID number, and any additional information)		TRANSPORT INDEX 14. PHYSICAL AND CHEMICAL FORM 15.			10.	INDIVIDUAL RADIONUCLI			TOTAL PACKAGE ACTIVITY IN SI UNITS	LSA/SCO CLASS	OR VOLUME (Use appropriate units)	NUMBER OF PACKAGE
FOR CONSIGNEE USE ONLY												