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 Information Services Branch (T-6 A10M), 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.													
NRC FORM 540 U.S. NUCLEAR REGULATORY COMMISSION			5. SHIPPER - NAME AND FACILITY				SHIPPER I.D. NUMBER		7. NRC FORM 540 AND 540A PAGE 1 OF		PAGE(S)	 MANIFEST NUMBER (Use this number on all continuation pages) 	
(MM-YYYY) UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER Instructions: See NUREG/BR-0204 for detailed instructions for completing this form:									NRC FORM 541 AND 541A		PAGE(S)		continuation pages)
							COLLECTOR		NRC FORM 542 AND 542A PA		PAGE(S)		
							H	PROCESSOR	ADDITIONAL INFORMATION		PAGE(S)		
http://www.nrc.gov/reading-rm/doc-collections/nuregs/brochures/br0204/			USER PERMIT NUMBER SHIPMENT NUMBER			IBER		GENERATOR TYPE	9. CONSIGNEE - Name a	and Facility Address		CONTACT	
1. EMERGENCY TELEPHONE NUMBER (Include Area Code)			CONTACT				TELEPHONE NUMBER (Include Area Code)			,			
												TELEPHONE NUMBER (Include Area Code)	
												TELEPTIONE NOMBER (///	
ORGANIZATION			6. CARRIER - Name and Address				EPA I.D. NUMBER						
									SIGNATURE - Authorized consignee acknowledging waste receipt			DATE	
								PING DATE				L	
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? 3. TOTAL NUMBER OF PACKAGES IDENTIFIED									10. CERTIFICATION This is to certify that the herein-named materials are properly classified, described, packaged, marked, and labeled and				arked. and labeled and
YES NO	YES NO ON THIS MANIFEST			CONTACT				PHONE NUMBER	are in proper condition for transportation according to the applicable regulations of the Department of Transportation. This also certifies that the materials are classified, packaged, marked, and labeled and are in proper condition for transportation and disposal as described in accordance with the applicable requirements of 10 CFR Parts 20 and 61, or equivalent state regulations.				
4. DOES EPA REGULATED WASTE REQUIRING A	EPA MANIFEST NUMBER		1				(Include Area Code)						
MANIFEST ACCOMPANY			SIGNATURE - Authorized carrier acknowledging waste receipt				DATE		AUTHORIZED SIGNATURE		TITLE		DATE
THIS SHIPMENT? If "Yes," provide Manifest Number NO													
11. U. S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information) 12.		^{12.} DOT LABEL "RADIOACTIVE"	13. TRANSPORT INDEX			15.			LIDES	16. TOTAL PACKAGE ACTIVITY IN SI UNITS	^{17.} LSA/SCO CLASS	18. TOTAL WEIGHT OR VOLUME (Use appropriate units)	19. IDENTIFICATION NUMBER OF PACKAGE
			╂────┤									┦───┦	
												1	
FOR CONSIGNEE USE ONLY													