


Estimated burden per response to comply with this information collection request: 45 minutes. This uniform manifest or its equivalent is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste (10 CFR 20, App G). Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0165), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17Street NW, Washington, DC 20503; e-mail: [oira\\_submission@omb.eop.gov](mailto:oira_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

NRC FORM 542		U.S. NUCLEAR REGULATORY COMMISSION			1. Waste Collector/Processor				2. Manifest Number			
 <p><b>UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST MANIFEST INDEX AND REGIONAL COMPACT TABULATION</b></p> <p>See NUREG/BR-0204 for detailed instructions for completing this form: <a href="http://www.nrc.gov/reading-rm/doc-collections/nuregs/brochures/br0204/">http://www.nrc.gov/reading-rm/doc-collections/nuregs/brochures/br0204/</a></p> <p>List all original "Processed Waste" generators (if any) before "Collected Waste" generators.</p>		Name			Shipper Use Only							
		Shipper ID Number										
		Shipping Date							3. Page ____ of ____ Page(s)			
4. Generator Identification Number	5. Generator Name Permit Number (if Applicable) and Telephone Number	6. Generator Facility Address	7. Preprocessed Waste (or material) Volume (m <sup>3</sup> )	8. Manifest Number(s) Under Which Waste (or material) Received and Date of Receipt	9. Waste Code P = Processed C = Collected	10. Originating Compact Region or State (and Permit Number if applicable)	11. As processed/collected total					
							A. Source Material (kg)	B. SNM (g)	C. Activity (MBq)	D. Volume (m <sup>3</sup> )		