APPROVED BY OMB: NO. 3150-0164 EXPIRES: 06/30/2007 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 infocollects@nc.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			E AND FACILITY	S	HIPPER I.D. NUMBER	7. NRC FORM 540 A		PAGE(S)	8. MANIFEST NUMBI (Use this number o	ER n all continuation pages)	
(6-2004)					-		NRC FORM 541 A		PAGE(S)	(	1.3,
UNIFORM LOW-LEVEL RADIOACTIVE						COLLECTOR	NRC FORM 542 A		PAGE(S)		
WASTE MANIFEST				[	PROCESSOR	ADDITIONAL INFO	ORMATION	PAGE(S)			
SHIPPING PAPER  1. EMERGENCY TELEPHONE NUMBER (Include Area Code)		USER PERMIT NUMBER SH		SHIPMENT NUM	IBER	GENERATOR TYPE (Specify)	9. CONSIGNEE - Na	me and Facility Address		CONTACT	
I. EMERGENOT TELETHORE NOMBER (Middle Area Gode)		CONTACT				ELEPHONE NUMBER nclude Area Code)			TELEPHONE NUMBER (Include Area Code)		
ORGANIZATION											
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT?  3. TOTAL NUMBER OF			6. CARRIER - Name and Address			PA I.D. NUMBER	SIGNATURE - Authorized consignee acknowledging waste receipt			DATE	
PACKAGES IDENTIF	DAOKAGEG IDENTIFIED						10. CERTIFICATION				
NO ====	<b>:&gt;</b>						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				ELEPHONE NUMBER nclude Area Code)	and are in proper condition for transportation according to the applicable regulations of the Department of Transprtation 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 Pai 20 and 61 or equivalent state regulations.			led and are in proper	
		SIGNATURE - Authorized carrier acknowledging waste receipt				ATE	AUTHORIZED SIGNATURE		TITLE DATE		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"		13. TRANSPORT INDEX	13. 14. ANSPORT PHYSICAL AND INDEX 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											