APPROVED BY OMB: NO. 3150-0164
EXPIRES: MM/DD/YYYY

Estimated burden per response to comply with this information collection reques t: 45 minutes. This uniform manifest is required by NRC to meet reporting requ irements 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 Service Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulat ory Affairs, NEOB-10202, (3150-0164), Office of Management and Budget, Washington, DC 20503. If a means used to impose an inf ormation 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 (MM-YYYY)

U.S. NUCLEAR REGULATORY COMMISSION

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST

SHIPPING PAPER

1. EMERGENCY TELEPHONE NUMBER *(Include Area Code)*

ORGANIZATION

2. IS THIS AN "EXCLUSIVE USE" SHIPMENT?
☐ YES
☐ NO

3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST =====>

4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? ☐ YES ☐ NO
If "Yes," provide Manifest Number

EPA MANIFEST NUMBER

5. SHIPPER - NAME AND FACILITY

SHIPPER I.D. NUMBER

☐ COLLECTOR
☐ PROCESSOR
☐ GENERATOR TYPE *(Specify)*

USER PERMIT NUMBER

SHIPMENT NUMBER

CONTACT

TELEPHONE NUMBER *(Include Area Code)*

6. CARRIER - Name and Address

EPA I.D. NUMBER

SHIPPING DATE

CONTACT

TELEPHONE NUMBER *(Include Area Code)*

SIGNATURE - Authorized carrier acknowledging waste receipt

DATE

7. NRC FORM 540 AND 540A PAGE 1 OF _____ PAGE(S)
NRC FORM 541 AND 541A _____ PAGE(S)
NRC FORM 542 AND 542A _____ PAGE(S)
ADDITIONAL INFORMATION _____ PAGE(S)

8. MANIFEST NUMBER
(Use this number on all continuation pages)

9. CONSIGNEE - Name and Facility Address

CONTACT

TELEPHONE NUMBER *(Include Area Code)*

SIGNATURE - Authorized consignee acknowledging waste receipt

DATE

10. CERTIFICATION

This is to certify that the herein-named materials are properly classified, des cribed, packaged, marked, and labeled 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 Parts 20 and 61, or equivalent state regulations.

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"	13. TRANSPORT INDEX	14. 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

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