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.

NRC FORM 540
(MM-YYYY)

U.S. NUCLEAR REGULATORY COMMISSION

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER

Instructions: See NUREG/BR-0204 for detailed instructions for completing this form:
http://www.nrc.gov/reading-rm/doc-collections/nuregs/brochures/br0204/

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

USER PERMIT NUMBER | SHIPMENT NUMBER

CONTACT

6. CARRIER - Name and Address

CONTACT

SIGNATURE - Authorized carrier acknowledging waste receipt

SHIPPER I.D. NUMBER

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

TELEPHONE NUMBER *(Include Area Code)*

EPA I.D. NUMBER

SHIPPING DATE

TELEPHONE NUMBER *(Include Area Code)*

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, described, packaged, marked, and labeled and 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.

AUTHORIZED SIGNATURE | TITLE | DATE

11. U. S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information)	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