


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: [oir\\_submission@omb.eop.gov](mailto:oir_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.

<b>NRC FORM 542</b>  <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST</b> <b>MANIFEST INDEX AND REGIONAL COMPACT TABULATION</b> 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>		<b>1. Waste Collector/Processor</b> Name _____ Shipper ID Number _____ Shipping Date _____						<b>2. Manifest Number</b>  <b>3. Page</b> _____ <b>of</b> _____ <b>Page(s)</b>						
List all original "Processed Waste" generators (if any) before "Collected Waste" generators.														
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> )				