NEBRASKA
Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
OFFICE OF RADIOLOGICAL HEALTH
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026

HIGH LEVEL RADIOACTIVE WASTE & TRANSURANIC WASTE

SHIPPING FEE SUBMITTAL FORM

Instructions:

- Type or print except where indicated.
- Retain one copy for your records and submit original form to the address above.

1. NAME AND STREET ADDRESS OF SHIPPER (Institution, Firm, Person, etc.)

Shipper Name: _____

Address: _____

_____

City, State Zip: _____

Phone: _____

FAX: _____

E-mail: _____

2. SHIPMENT INFORMATION

Shipment Number: _____

Carrier: _____

# of Casks: _____

3. CONTACT PERSON

Name: _____

Phone: _____

E-mail: _____

FEE DUE: