

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH**

HIGH LEVEL RADIOACTIVE WASTE AND TRANSURANIC WASTE

SHIPPING FEE SUBMITTAL FORM

Instructions: Type or Print except where indicated. Retain one copy for your files and submit original form to:

Nebraska Dept. of Health and Human Services, Division of Public Health, 301 Centennial Mall South, P O Box 95026, Lincoln, NE 68509-5026. Attention: Radiological Health

<u>1. Name and Street address of Shipper (Institution, Firm, Person, etc.)</u>	
Shipper Name: _____	
Address: _____	
City, State Zip: _____	
Telephone #: _____	
FAX #: _____	
eMail Address: _____	
<u>2. Shipment Information</u>	<u>3. Contact Person</u>
Shipment Number: _____	_____
Carrier: _____	<u>Telephone #</u>
# of Casks: _____	_____