

Approval No _____ (Refer to SP 11406, para. 8a)

This shipment of waste or recycle materials contains unidentified radioactive material causing low level radiation outside the vehicle. Shipment is under Special permit DOT-SP 11406 without a determination of materials meeting or not meeting the regulatory definition of radioactive material. The shipment is a minor radiological concern based on considerations of the U.S. Dept. of Transportation and the state official signing this shipment approval document.

DETAILS of DETECTION SITE, MATERIALS, and ORIGIN

Facility: Name _____ Type: _____

Address: _____

① Contact person: _____ Ph. _____ Fax. _____

Highway or Rail Vehicle Type: _____ Id.No.: _____

Company: _____ Operator name: _____

② Contact person: _____ Ph. _____ Fax. _____

Description of waste and release risk factors: _____

Radiation Measurement Date/time performed: _____

mrem/h (max) _____ location on vehicle _____

Inst.Mfgr./type/model _____ Bkg. mrem/h _____

Surveyor name: _____ Ph. _____

Shipment Origin Company: _____ Address: _____

Waste Origin: _____

③ Contact person: _____ Ph. _____ Fax. _____

RADIATION CONTROL OFFICIALS (Detection, Origin, Destination States)

Detection State Official (receiving radiation detection info) Name: _____

④ Organization _____ Ph. _____ Fax. _____

Origin State Official (prior to detection) Name: _____

⑤ Organization _____ Ph. _____ Fax. _____

Destination State Official (after detection) Name: _____

⑥ Organization _____ Ph. _____ Fax. _____

DESTINATION for RADIOACTIVE MATERIAL IDENTIFICATION and/or DISPOSITION

If carrier and shipper to this location are different than ② and ③, show info in REMARKS

Company Name: _____ Location: _____

⑦ Contact person: _____ Ph. _____ Fax. _____

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APPROVAL of SHIPMENT and SPECIAL CONDITIONS

Conditions: _____

⑧ Signature: _____ Ph. _____ Fax. _____

Title _____ Organization _____ Date _____

IDENTIFICATION of RADIOACTIVE MATERIAL and DISPOSITION INFORMATION at DESTINATION

⑨ Name: _____ Title: _____ Date: _____

Organization: _____ Ph. _____ Fax. _____

RECORD of TRANSMITTALS (Shipment Approvals and identification/disposition) (Circumstances may influence distribution)

Shipment Approvals (Sent by ④ or ⑧) to (Show date sent)

OED CRCPD _____, ① _____, ② _____, ③ _____,

⑤ _____, ⑥ _____, ⑦ _____, OTHER _____

Record of Identification and Disposition (Sent by ⑦, ⑨, or other ____) to

OED CRCPD _____, ③ _____, ⑤ _____, ⑥ _____,

④ or ⑧ _____, OTHER _____

REMARKS, OTHER INFORMATION

In case of an emergency, notify the National Response Center ((800)424-8802) and the (⑧) authorizing official and give the Special Permit No. SP 11406 and Approval No.