Safety Management Systems 5325 Alton Parkway, Suite C-549, Irvine, CA 92604 (714) 425-9915

2024

www.ww.SMSHAZMAT.com

REGISTRATION FORM

		COMPA	NY INFORMATIO	N	
	Contact Name		Company Name		
COMPANY INFORMATION	Address:				
	City/State/Zip				
	Phone:		FAX#		
	Method of Payment: Invoice	Check	[Note: If paying by Cre	dit Card or PO	# - Complete back page only]
	Email:				
		STUDE	NT INFORMATION	N	
Z	Name of Student:			_Class	Date
STUDENT FORMATION	Name of Student:			_Class	Date
	Name of Student:			_Class	Date
	Name of Student:			_Class	Date
2	Name of Student:			_Class	Date

2024 CLASS SCHEDULE @ CAL-STATE UNIV. FULLERTON, CALIFORNIA													
		WI	WINTER 2024		SPRING 2024		SUMMER 2024		FALL 2024				
CLASS	соѕт	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUNE 2024	JULY 2024	AUG 2024	SEPT 2024	OCT 2024	NOV 2024	DEC 2024
40 HR HAZWOPER	\$350	23-26		12-15		7-10		23-26		9-12		5-8	
24 HR HAZWOPER	\$275	23-25		12-14		7-9		23-25		9-11		5-7	
HM: TECHNICIAN	\$275	23-25		12-14		7-9		23-25		9-11		5-7	
8 Hr HAZWOPER REFRESHER	\$100	23 or 24	20 or 21	18 or 19	10	2	17 or 18	19	19 or 20	17	15 or 16	13	5
FR: AWARENESS	\$100	23	20	18	10	2	17	19	19	17	15	13	5
FR: OPERATIONS	\$225	23-24		12-13		7-8		23-24		9-10		5-6	
4 Hr GHS Hazard Communication	\$100	24	20	18	10	2	17	19	19	17	15	13	5
RCRA / DOT HAZMAT (California Waste Management)	\$275	30		11		6		22		16		4	
DOT HAZMAT	\$195	30		11		6		22		16		4	
HAZWASTE COMPLETE	\$500	23-26, 29		11-15		6-10		22-26		9-12, 16		4-8	
CONFINED SPACE	\$150				26								
FORKLIFT TRAIN- THE-TRAINER	\$275		23			3			2		25		

SCAN FORM TO GIL@SAFETYCAT.COM

UPDATED SCHEDULE 2024 www.SMSHAZMAT.com or www.SafetyCAT.com



CREDIT CARD /PO# PAYMENT AUTHORIZATION

10.0	COMPANY										
	Company Name:										
	Company Address:										
	Company City / State / Zip:										
	Contact Name:										
100	Email #:Phone										
2. 20 100	<u>PAYMENT</u>										
100	PO# (Authorized Customers)										
	Type of Credit Card: MasterCard / VISA / American Expres	SS									
	Card #:										
	Expiration Date:/CVV#										
	Name on Card:										
	Credit Card Billing Address:										
	<u>STUDENTS</u>										
100	Person Attending (PRINT) / Class / Date	Sub Total									
		\$									
		\$									
		\$									
		\$									
		\$									
BANG		\$									
		\$									
	Total amount billed:	\$									
	SCAN FORM TO GIL@SAFETYCA	T.COM									

Please call if you have any questions (714) 425-9915
NEW WEBSITE: www.SMSHAZMAT.com