Safety Management Systems
5325 Alton Parkway, Suite C-549, Irvine, CA 92604
(714) 425-9915
www.ww.SMSHAZMAT.com

2025 REGISTRATION FORM

COMPANY INFORMATION

COMPANY INFORMATION

Contact Name_____Company Name_____

Address:_____

City/State/Zip_____

Phone:_____FAX#_____

Method of Payment: Invoice____ Check_____ **[Note: If paying by Credit Card or PO# - Complete back page only]**

Email:_____

STUDENT INFORMATION

STUDENT INFORMATION

Name of Student:_____Class_____ Date_____

Name of Student:_____Class_____ Date_____

Name of Student:_____Class_____ Date_____

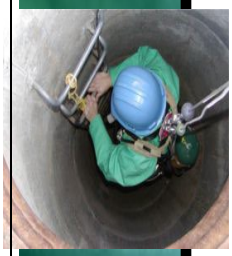
Name of Student:_____Class_____ Date_____

Name of Student:_____Class_____ Date_____

2025 CLASS SCHEDULE @ CAL-STATE UNIV. FULLERTON, CALIFORNIA

		WINTER 2025			SPRING 2025			SUMMER 2025			FALL 2025		
CLASS	COST	JAN 2025	FEB 2025	MAR 2025	APR 2025	MAY 2025	JUNE 2025	JULY 2025	AUG 2025	SEPT 2025	OCT 2025	NOV 2025	DEC 2025
40 HR HAZWOPER	$350	21-24		11-14		6-9		15-18		8-11		4-7	
24 HR HAZWOPER	$275	21-23		11-13		6-8		15-17		8-10		4-6	
HM: TECHNICIAN	$275	21-23		11-13		6-8		15-17		8-10		4-6	
8 Hr HAZWOPER REFRESHER	$100	31	18 or 19	17 or 18	15	1	9 or 10	21	18 or 19	23	21 or 22	12	4
FR: AWARENESS	$100			11		6		15		23		12	
FR: OPERATIONS	$225	21-22		11-12		6-7		15-16		8-9		4-5	
4 Hr GHS Hazard Communication	$100	31		12		7		16		23		12	
RCRA / DOT HAZMAT *(California Waste Management)*	$275	27		10		5			6	5		3	
DOT HAZMAT	$225	27		10		5			6	5		3	
HAZWASTE COMPLETE	$500	21-24, 27		10-14		5-9		14-18		5, 8-11		3-7	
CONFINED SPACE	$150												
FORKLIFT TRAIN-THE-TRAINER	$275		28			2			1		30		

IN-PERSON CLASS DATES – LIVE EVENTS
UPDATED SCHEDULE 2025
www.SMSHAZMAT.com or www.SafetyCAT.com



HAZMAT / SAFETY TRAINING
SAFETYCAT.COM

CREDIT CARD /PO# PAYMENT AUTHORIZATION

COMPANY

Company Name:_____

Company Address:_____

Company City / State / Zip:_____

Contact Name:_____

Email #: _____Phone_____

PAYMENT

PO# (Authorized Customers)_____

Type of Credit Card: MasterCard / VISA / American Express

Card #: _____ - _____ - _____ -_____

Expiration Date: _____/_____ CVV#_____

Name on Card: _____

Credit Card Billing Address: _____

STUDENTS

Person Attending (PRINT) / Class / Date	Sub Total
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
	Total amount billed: **$_____**

SCAN FORM TO GIL@SAFETYCAT.COM

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