

**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 \_\_\_\_\_

**2023 CLASS INFORMATION –FULLERTON, CALIFORNIA**

		WINTER 2023			SPRING 2023			SUMMER 2023			FALL 2023		
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
40 HR HAZWOPER	\$350	24-27		7-10		9-12		18-21		12-15		6-9	
24 HR HAZWOPER	\$275	24-26		7-9		9-11		18-20		12-14		6-8	
HM: TECHNICIAN	\$275	24-26		7-9		9-11		18-20		12-14		6-8	
8 Hr HAZWOPER REFRESHER	\$100	25	21-or-22	20	20-or-24	4	20	24	21 or 22	18 or 19	17 or 18	13	7
FR: AWARENESS	\$100		21-or-22	20	20-or-24		20	24	21	18	17	13	7
FR: OPERATIONS	\$225	24-25		7-8		9-10		18-19		12-13		6-7	
4 Hr GHS Hazard Communication	\$100	25	22		24	4	20	24	21	18	17	13	7
RCRA / DOT HAZMAT (California Waste Management)	\$275	30		6		8		17		11		3	
DOT HAZMAT	\$195	30		6		8		17		11		3	
HAZWASTE COMPLETE	\$500	24-27, 30		6-10		8-12		17-21		11-15		3, 6-9	
CONFINED SPACE	\$150					4							
FORKLIFT TRAIN-THE-TRAINER	\$275		24			5		28			27		

**SCAN FORM TO [GIL@SAFETYCAT.COM](mailto:GIL@SAFETYCAT.COM)**

UPDATED SCHEDULE JUNE 24, 2023



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](http://www.SMSHAZMAT.com)