

Safety Management Systems
5405 Alton Parkway, Suite 5A-549, Irvine, CA 92604
(714) 425-9915

www.SMSHAZMAT.com

2023

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 _____

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		7-10	
24 HR HAZWOPER	\$275	24-26		7-9		9-11		18-20		12-14		7-9	
HM: TECHNICIAN	\$275	24-26		7-9		9-11		18-20		12-14		7-9	
8 Hr HAZWOPER REFRESHER	\$100	25	21 or 22	20 or 21	20 or 21	4	19 or 20	24 or 25	21 or 22	18 or 19	17 or 18	13	7
FR: AWARENESS	\$100		21 or 22	20 or 21	20 or 21		19 or 20	24 or 25	21 or 22	18 or 19	17 or 18	13	7
FR: OPERATIONS	\$225	24-25		7-8		9-10		18-19		12-13		7-8	
4 Hr GHS Hazard Communication	\$100	25	22	21	21	4	20	25	22	19	18	13	
RCRA / DOT HAZMAT (California Waste Management)	\$275	30		6		8		17		11		6	
DOT HAZMAT	\$195	30		6		8		17		11		6	
HAZWASTE COMPLETE	\$500	24-27, 30		6-10		8-12		17-21		11-15		6-10	
CONFINED SPACE	\$150					1							
FORKLIFT TRAIN- THE-TRAINER	\$275		24			5		28			27		

SCAN FORM TO GIL@SAFETYCAT.COM

UPDATED PRICING EFFECTIVE 2-10-2023



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: \$ _____

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