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

2021 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_____

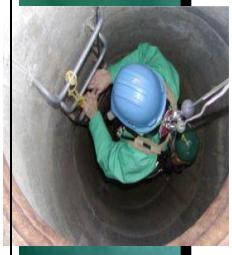
Name of Student:_____Class_____ Date_____

Name of Student:_____Class_____ Date_____

2021 CLASS INFORMATION –FULLERTON, CALIFORNIA

		WINTER 2021			SPRING 2021			SUMMER 2021			FALL 2021		
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
40 HR HAZWOPER	$350			16-19		18-21		13-16		14-17		9-12	
24 HR HAZWOPER	$275			16-18		18-20		13-15		14-16		9-11	
HM: TECHNICIAN	$275			16-18		18-20		13-15		14-16		9-11	
8 Hr HAZWOPER REFRESHER	$100	26 or 27	16 or 17	22 or 23	13 or 14	24 or 25	15 or 16	19 or 20	10 or 11	20 or 21	12 or 13	15 or 16	9 or 10
FR: AWARENESS	$100	26 or 27	16 or 17	22 or 23	13 or 14	24 or 25	15 or 16	19 or 20	10 or 11	20 or 21	12 or 13	15 or 16	9 or 10
FR: OPERATIONS	$225			16-17		18-19		13-14		14-15		9-10	
4 Hr GHS Hazard Communication	$100	27	17	23	14	25	16	20	11	21	13	16	10
RCRA / DOT HAZMAT *(California Waste Management)*	$275	25		15		17		12		13		8	
DOT HAZMAT	$195	25		15		17		12		13		8	
HAZWATE COMPLETE	$500			15-19		17-21		12-16		13-17		8-12	
CONFINED SPACE	$100												
FORKLIFT TRAIN-THE-TRAINER	$275			26				TBD			TBD		

SCAN FORM TO GIL@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
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
	Total amount billed: **$**_____

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Please call if you have any questions
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NEW WEBSITE: www.SMSHAZMAT.com