

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

www.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

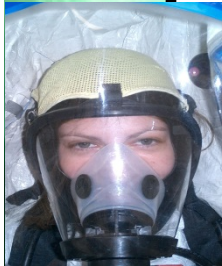
STUDENT
INFORMATION

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 SOLD OUT	Feb 1	15		17		12		13		8	
DOT HAZMAT	\$195	25 SOLD OUT	Feb 1	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