

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

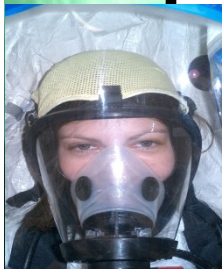
STUDENT
INFORMATION

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 _____

2020 CLASS INFORMATION – CAL-STATE UNIVERSITY FULLERTON

		FALL 2020			WINTER 2020 / 2021			SPRING 2021			SUMMER 2021		
CLASS	COST	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
40 HR HAZWOPER	\$350			8-11	19-22		16-19		18-21		TBD		TBD
24 HR HAZWOPER	\$275				19-21		16-18		18-20		TBD		TBD
HM: TECHNICIAN	\$275				19-21		16-18		18-20				
8 Hr HAZWOPER REFRESHER	\$100	19 or 22	10 or 11	3	26 or 27	16 or 17	22 or 23	13 or 14	24 or 25	15 or 16	TBD	TBD	TBD
FR: AWARENESS	\$100	19 or 22	10 or 11	3	26 or 27	16 or 17	22 or 23	13 or 14	24 or 25	15 or 16	TBD	TBD	TBD
FR: OPERATIONS	\$225				19-20		16-17		18-19		TBD		TBD
4 Hr GHS Hazard Communication	\$100	19 or 22	10 or 11	3	26 or 27	16 or 17	22 or 23	13 or 14	24 or 25	15 or 16	TBD	TBD	TBD
RCRA / DOT HAZMAT (California Waste Management)	\$275	9	9			25		15		17		TBD	
DOT HAZMAT	\$195	9	9			25		15		17		TBD	
HAZWATE COMPLETE	\$500				19-22, 25		15-19		17-21				
CONFINED SPACE	\$100												
FORKLIFT TRAIN-THE-TRAINER	\$275	30				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: \$ _____	

SCAN FORM TO GIL@SAFETYCAT.COM

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