

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

www.SafetyCAT.com

2020

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 _____

2020 CLASS INFORMATION – CAL-STATE UNIVERSITY FULLERTON

		WINTER 2020			SPRING 2020			SUMMER 2020			FALL 2020		
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC
40 HR HAZWOPER	\$350	21-24	18-21	17-20	14-17	5-8	9-12	14-17	11-14	15-18	13-16	TBD	TBD
24 HR HAZWOPER	\$275	21-23	18-20	17-19	14-16	5-7	9-11	14-16	11-13	15-17	13-15	TBD	TBD
HM: TECHNICIAN	\$275	21-23	18-20	17-19	14-16	5-7	9-11	14-16	11-13	15-17	13-15	TBD	TBD
8 Hr HAZWOPER REFRESHER	\$100	21 or 22	18 or 19	17 or 18	14 or 15	5 or 6	9 or 10	14 or 15	11 or 12	15 or 16	13 or 14	TBD	TBD
FR: AWARENESS	\$100	21	18	17	14	5	9	14	11	15	13	TBD	TBD
FR: OPERATIONS	\$175	21-22	18-19	17-18	14-15	5-6	9-10	14-15	11-12	15-16	13-14	TBD	TBD
4 Hr GHS Hazard Communication	\$100	22	19	18	15	6	10	15	12	16	14	TBD	TBD
RCRA / DOT HAZMAT (California Waste Management)	\$275	27		16		4		13		14		TBD	
DOT HAZMAT	\$195	27		16		4		13		14		TBD	
HAZWATE COMPLETE	\$500	21-24, 27		16-20		4-8		13-17		14-18		TBD	
CONFINED SPACE	\$100												
FORKLIFT TRAIN-THE-TRAINER	\$275			27									

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**