

**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 \_\_\_\_\_

**2022 CLASS INFORMATION –FULLERTON, CALIFORNIA**

		WINTER 2022			SPRING 2022			SUMMER 2022			FALL 2022		
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
40 HR HAZWOPER	\$350	25-28		15-18		10-13		19-22		13-16		8-11	
24 HR HAZWOPER	\$275	25-27		15-17		10-12		19-21		13-15		8-10	
HM: TECHNICIAN	\$275	25-27		15-17		10-12		19-21		13-15		8-10	
8 Hr HAZWOPER REFRESHER	\$100	18 or 19	15 or 16	21 or 22	19	5	20	25	22 or 23	19 or 20	11 or 12	14 or 15	8 or 9
FR: AWARENESS	\$100	18 or 19	15 or 16	21 or 22	19	5	20	25	22 or 23	19 or 20	11 or 12	14 or 15	8 or 9
FR: OPERATIONS	\$225	25-26		15-16		10-11		19-20		13-14		8-9	
4 Hr GHS Hazard Communication	\$100	19	16	22		5			23	20	12	15	9
RCRA / DOT HAZMAT (California Waste Management)	\$275	24		14		9		18		12		7	
DOT HAZMAT	\$195	24		14		9				12		7	
HAZWATE COMPLETE	\$500	24-28		14-18		9-13		18-22		12-16		7-11	
CONFINED SPACE	\$100												
FORKLIFT TRAIN-THE-TRAINER	\$275		25			4		29			TBD		

**SCAN FORM TO [GIL@SAFETYCAT.COM](mailto: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](http://www.SMSHAZMAT.com)