

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

**2022-2023 CLASS INFORMATION –FULLERTON, CALIFORNIA**

		SUMMER 2022			FALL 2022			WINTER 2023			SPRING 2023		
CLASS	COST	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
40 HR HAZWOPER	\$350	19-22		13-16		8-11		24-27		7-10		9-12	
24 HR HAZWOPER	\$275	19-21		13-15		8-10		24-26		7-9		9-11	
HM: TECHNICIAN	\$275	19-21		13-15		8-10		24-26		7-9		9-11	
8 Hr HAZWOPER REFRESHER	\$100	25	22-or 23	19-or 20	11	14	8	24 or 25	21 or 22	20 or 21	20 or 21	4	19 or 20
FR: AWARENESS	\$100	25	22-or 23	19-or 20	11	14	8		21 or 22	20 or 21	20 or 21		19 or 20
FR: OPERATIONS	\$225	19-20		13-14		8-9		24-25		7-8		9-10	
4 Hr GHS Hazard Communication	\$100		23	20	11	14		25	22	21	21	4	20
RCRA / DOT HAZMAT (California Waste Management)	\$275	18		12		7 or 15		30		6		8	
DOT HAZMAT	\$195					7 or 15		30		6		8	
HAZWASTE COMPLETE	\$500	18-22		12-16		7-11		24-27, 30		6-10		8-12	
CONFINED SPACE	\$100												
FORKLIFT TRAIN-THE-TRAINER	\$275	29			28				24			5	

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
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total amount billed: \$ _____</b>	

**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)**