2019

REGISTRATION FORM

www.SafetyCAT.com

		COMP/	ANY INFORMATION	
	Contact Name		Company Name	
COMPANY INFORMATION	Address:			
	Phone:		FAX#	
			[ Note: If paying by Credit Card or PC	
	Email:			
		STUDE	ENT INFORMATION	
N C	Name of Student:		Class	Date
STUDENT INFORMATION	Name of Student:		Class	Date
	Name of Student:		Class	Date
	Name of Student:		Class	Date
	Name of Student:		Class	Date

2019 CLASS INFORMATION – CAL-STATE UNIVERSITY FULLERTON													
		WINTER 2019		SPRING 2019		SUMMER 2019		FALL 2019					
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	ОСТ	NOV	DEC
40 HR HAZWOPER	\$350	22-25	19-22	19-22	16-19	7-10	4-7	16-19	13-16	10-13	8-11	5-8	10-13
24 HR HAZWOPER	\$275	22-24	19-21	19-21	16-18	7-9	4-6	16-18	13-15	10-12	8-10	5-7	10-12
HM: TECHNICIAN	\$275	22-24	19-21	19-21	16-18	7-9	4-6	16-18	13-15	10-12	8-10	5-7	10-12
8 Hr HAZWOPER REFRESHER	\$100	22 or 23	19 or 20	19 or 20	16 or 17	7 or 8	4 or 5	16 or 17	13 or 14	10 or 11	8 or 9	5 or 6	10 or 11
FR: AWARENESS	\$100	22	19	19	16	7	4	16	13	10	8	5	10
FR: OPERATIONS	\$175	22-23	19-20	19-20	16-17	7-8	4-5	16-17	13-14	10-11	8-9	5-6	10-11
4 Hr GHS Hazard Communication	\$100	23	20	20	17	8	5	17	14	11	9	6	11
RCRA / DOT HAZMAT (California Waste Management)	\$275	28		18		6		15		9		4	
DOT HAZMAT	\$195	28		18		6		15		9		4	
HAZWATE COMPLETE	\$500	22-25, 28		18-22		6-10		15-19		9-13		4-8	
CONFINED SPACE	\$100										-		
FORKLIFT TRAIN- THE-TRAINER	\$275			29									

SCAN FORM TO GIL@SAFETYCAT.COM



## **CREDIT CARD /PO# PAYMENT AUTHORIZATION**

1000	COMPANY									
	Company Name:									
	Company Address:									
	Company City / State / Zip:									
	Contact Name:									
0 0	Email #:Phone									
	<u>PAYMENT</u>									
	PO# (Authorized Customers)									
	Type of Credit Card: MasterCard / VISA / American Expres	S								
4	Card #:									
	Expiration Date:/ CVV#									
	Name on Card:									
	Credit Card Billing Address:									
	<u>STUDENTS</u>									
	Person Attending (PRINT) / Class / Date	Sub Total								
100		\$								
		\$								
		\$								
A PART		\$								
		\$								
	Total amount billed:									
	SCAN FORM TO GIL@SAFETYCA	I.COM								

Please call if you have any questions (714) 425-9915