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

2022-2023

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_____

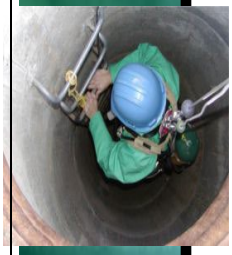
2022-2023 CLASS INFORMATION –FULLERTON, CALIFORNIA

		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		30		6		8	
DOT HAZMAT	$195					7		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









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
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
	Total amount billed: **$_____**

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