

Safety Management Systems  
5325 Alton Parkway, Suite C-549, Irvine, CA 92604  
(714) 425-9915

[www.SMSHAZMAT.com](http://www.SMSHAZMAT.com)

**2026**

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

### 2026 CLASS SCHEDULE @ CAL-STATE UNIV. FULLERTON, CALIFORNIA

CLASS	COST	WINTER 2026			SPRING 2026			SUMMER 2026			FALL 2026		
		JAN 2026	FEB 2026	MAR 2026	APR 2026	MAY 2026	JUNE 2026	JULY 2026	AUG 2026	SEPT 2026	OCT 2026	NOV 2026	DEC 2026
40 HR HAZWOPER	\$350	26-29		10-13		5-8		14-17		14-17		3-6	
24 HR HAZWOPER	\$275	26-28		10-12		5-7		14-16		14-16		3-5	
HM: TECHNICIAN	\$275	26-28		10-12		5-7		14-16		14-16		3-5	
8 Hr HAZWOPER REFRESHER	\$100	23	17 & 18	16 & 17	15	11	15	20	17 & 18	22	20 & 21	10	3
FR: AWARENESS	\$100	26		10		5		14		14		3	
FR: OPERATIONS	\$225	26-27		10-11		5-6		14-15		14-15		3-4	
4 Hr GHS Hazard Communication	\$100	27		11		6		15		15		4	
RCRA / DOT HAZMAT (California Waste Management)	\$275	22		9		4		13		11		9	2
DOT HAZMAT	\$225	22		9		4		13		11		9	2
HAZWASTE COMPLETE	\$500	22, 26-29		9-13		4-8		13-17		11, 14-17		3-6, 9	
CONFINED SPACE	\$150												
FORKLIFT TRAIN-THE-TRAINER	\$275		27			29		31			29		

IN-PERSON CLASS DATES – LIVE EVENTS

**CONTACT US FOR A QUOTE FOR PRIVATE TRAINING CLASSES HELD AT YOUR FACILITY**

[www.SMSHAZMAT.com](http://www.SMSHAZMAT.com) or [www.SafetyCAT.com](http://www.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)