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

2021 - 2022

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_____

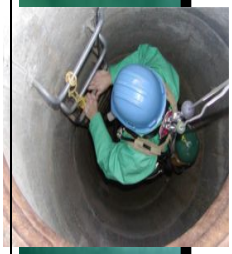
Name of Student:_____Class_____ Date_____

Name of Student:_____Class_____ Date_____

2021-2022 CLASS SCHEDULE – CAL-STATE UNIVERSITY FULLERTON

		FALL 2021		WINTER 2022			SPRING 2022			SUMMER 2022		
CLASS	COST	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP
40 HR HAZWOPER	$350	9-12		25-28		15-18		17-20		19-22		13-16
24 HR HAZWOPER	$275	9-11		25-27		15-17		17-19		19-21		13-15
	$275	9-11		25-27		15-17		17-19		19-21		13-15
8 Hr HAZWOPER REFRESHER	$100	15 or 16	9 or 10	18 or 19	15 or 16	21 or 22	19 or 20	23 or 24	20 or 21	25 or 26	22 or 23	19 or 20
FR: AWARENESS	$100	15 or 16	9 or 10	18 or 19	15 or 16	21 or 22	19 or 20	23 or 24	20 or 21	26 or 26	22 or 23	19 or 20
FR: OPERATIONS	$225	9-10	10	25-26		15-16		17-18		19-20		13-14
4 Hr GHS Hazard Communication	$100	16		19	16	22	20	24	21	26	23	20
RCRA / DOT HAZMAT *(California Waste Management)*	$275	8		24		14		16		18		12
DOT HAZMAT	$195	8		24		14		16		18		12
HAZWASTE COMPLETE	$500	8-12		24-28		14-18		16-20		18-22		12-16
CONFINED SPACE	$100											
FORKLIFT TRAIN-THE-TRAINER	$275				25			TBD			TBD	

SCAN / EMAIL 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