

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

www.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		SOLD OUT		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	14	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	14	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	14	14		25	22	21	21	4	20
RCRA / DOT HAZMAT (California Waste Management)	\$275	18		12		SOLD OUT	16	30		6		8	
DOT HAZMAT	\$195					SOLD OUT	16	30		6		8	
HAZWASTE COMPLETE	\$500	18-22		12-16		SOLD OUT		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**