Safety Management Systems
5325 Alton Parkway, Suite C-549, Irvine, CA 92604
(714) 425-9915
www.ww.SMSHAZMAT.com

2025-2026

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_____

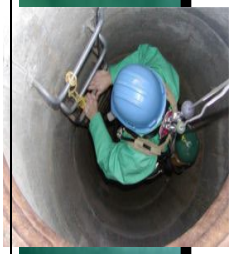
2025-2026 CLASS SCHEDULE @ CAL-STATE UNIV. FULLERTON, CALIFORNIA

		FALL 2025			WINTER 2026			SPRING 2026			SUMMER 2026		
CLASS	COST	OCT 2025	NOV 2025	DEC 2025	JAN 2026	FEB 2026	MAR 2026	APR 2026	MAY 2026	JUNE 2026	JULY 2026	AUG 2026	SEPT 2026
40 HR HAZWOPER	$350		4-7		26-29		10-13		5-8		14-17		14-17
24 HR HAZWOPER	$275		4-6		26-28		10-12		5-7		14-16		14-16
HM: TECHNICIAN	$275		4-6		26-28		10-12		5-7		14-16		14-16
8 Hr HAZWOPER REFRESHER	$100	21 or 22	12	4	23	17 & 18	16 & 17	15	11	15	20	17 & 18	22
FR: AWARENESS	$100		12		26		10		5		14		14
FR: OPERATIONS	$225		4-5		26-27		10-11		5-6		14-15		14-15
4 Hr GHS Hazard Communication	$100		12		27		11		6		15		15
RCRA / DOT HAZMAT *(California Waste Management)*	$275		3	3	22		9		4		13		11
DOT HAZMAT	$225		3	3									
HAZWASTE COMPLETE	$500		3-7		22, 26-29		9-13		4-8		13-17		11, 14-17
CONFINED SPACE	$150												
FORKLIFT TRAIN-THE-TRAINER	$275	30				27			29		31		

IN-PERSON CLASS DATES – LIVE EVENTS

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

www.SMSHAZMAT.com or 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