

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

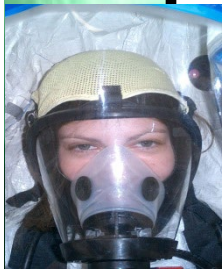
Name of Student: _____ Class _____ Date _____
 Name of Student: _____ Class _____ Date _____
 Name of Student: _____ Class _____ Date _____
 Name of Student: _____ Class _____ Date _____
 Name of Student: _____ Class _____ Date _____

2024-2025 CLASS SCHEDULE @ CAL-STATE UNIV. FULLERTON, CALIFORNIA

		SUMMER 2024	FALL 2024				WINTER 2025			SPRING 2025			SUMMER 2025	
CLASS	COST	SEPT 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025	MAY 2025	JUNE 2025	JULY 2025	AUG 2025	
40 HR HAZWOPER	\$350	9-12		5-8		21-24		11-14		6-9		15-18		
24 HR HAZWOPER	\$275	9-11		5-7		21-23		11-13		6-8		15-17		
HM: TECHNICIAN	\$275	9-11		5-7		21-23		11-13		6-8		15-17		
8 Hr HAZWOPER REFRESHER	\$100	17	15 or 16	13	5	21, 22 & 31	18 or 19	17 or 18	15	1	9 or 10	21	18 or 19	
FR: AWARENESS	\$100	17	15	13	5	21		11		6		15		
FR: OPERATIONS	\$225	9-10		5-6		21-22		11-12		6-7		15-16		
4 Hr GHS Hazard Communication	\$100	17	15	13	5	22		12		7		16		
RCRA / DOT HAZMAT (California Waste Management)	\$275	16		4		27		10		5		14		
DOT HAZMAT	\$195	16		4		27		10		5		14		
HAZWASTE COMPLETE	\$500	9-12, 16		4-8		21-24, 27		10-14		5-9		14-18		
CONFINED SPACE	\$150													
FORKLIFT TRAIN-THE-TRAINER	\$275		25				28			2			1	

SCAN FORM TO GIL@SAFETYCAT.COM

DATES
 UPDATED SCHEDULE 2024-2025
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**