

**COMPANY INFORMATION**

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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**

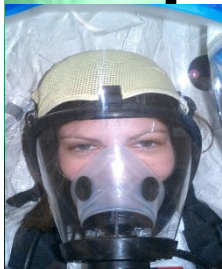
STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_  
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 Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

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

		WINTER 2025			SPRING 2025			SUMMER 2025			FALL 2025		
CLASS	COST	JAN 2025	FEB 2025	MAR 2025	APR 2025	MAY 2025	JUNE 2025	JULY 2025	AUG 2025	SEPT 2025	OCT 2025	NOV 2025	DEC 2025
40 HR HAZWOPER	\$350	21-24		11-14		6-9		15-18		8-11		4-7	
24 HR HAZWOPER	\$275	21-23		11-13		6-8		15-17		8-10		4-6	
HM: TECHNICIAN	\$275	21-23		11-13		6-8		15-17		8-10		4-6	
8 Hr HAZWOPER REFRESHER	\$100	31	18 or 19	17 or 18	15	1	9 or 10	21	18 or 19	23	21 or 22	12	4
FR: AWARENESS	\$100			11		6		15		23		12	
FR: OPERATIONS	\$225	21-22		11-12		6-7		15-16		8-9		4-5	
4 Hr GHS Hazard Communication	\$100	31		12		7		16		23		12	
RCRA / DOT HAZMAT (California Waste Management)	\$275	27		10		5		14		5		3	
DOT HAZMAT	\$225	27		10		5		14		5		3	
HAZWASTE COMPLETE	\$500	21-24, 27		10-14		5-9		14-18		5, 8-11		3-7	
CONFINED SPACE	\$150												
FORKLIFT TRAIN-THE-TRAINER	\$275		28			2			1		30		

IN-PERSON CLASS DATES – LIVE EVENTS  
 UPDATED SCHEDULE 2025  
[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)