

**COMPANY INFORMATION**

COMPANY  
INFORMATION

Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX# \_\_\_\_\_  
Method of Payment: Credit Card / PO# (Complete Back): Invoice \_\_\_\_\_ Check \_\_\_\_\_ Other \_\_\_\_\_  
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 \_\_\_\_\_

**2009 CLASS INFORMATION**

		WINTER 2009			SPRING 2009			SUMMER 2009			FALL 2009		
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC
40 HR HAZWOPER	\$325	20-23	17-20	17-20	14-17	12-15	2-5	21-24	18-21	15-18	13-16	10-13	8-11
24 HR HAZWOPER	\$250	20-22	17-19	17-19	14-16	12-14	2-4	21-23	18-20	15-17	13-15	10-12	8-10
8 Hr HAZWOPER REFRESHER	\$85	20 or 21	17 or 18	17 or 18	14 or 15	12 or 13	2 or 3	21 or 22	18 or 19	15 or 16	13 or 14	10 or 11	8 or 9
HAZWASTE COMPLETE	\$500			16-20		11-15		20-24		14-18		9-13	
4 Hr HAZARD COMMUNICATION	\$75	21	18	18	15	13	3	22	19	16	14	11	9
FIRST RESPONDER AWARENESS	\$85	20	17	17	14	12	2	21	18	15	13	10	8
FIRST RESPONDER OPERATIONS	\$150	20-21	17-18	17-18	14-15	12-13	2-3	21-22	18-19	15-16	13-14	10-11	8-9
RCRA / DOT HAZMAT	\$250	26		16		11		20		14		9	
DOT HAZMAT	\$150			16		11		20		14		9	
FEMA INCIDENT COMMANDER	\$300			26					28				
SUPERVISOR	\$250				27					24			
CONFINED SPACE ENTRY	\$90				28					25			
FORKLIFT TRAIN-THE-TRAINER	\$250	30		27		29		31		28			7

**FAX FORM TO (888) 366-3115**

**TRAINING CONDUCTED AT CAL-STATE UNIVERSITY FULLERTON**



HAZMAT / SAFETY TRAINING  
**SAFETYCAT.COM**

**CREDIT CARD /PO# PAYMENT AUTHORIZATION**

**COMPANY**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

**PAYMENT**

PO# (Authorized Customers): \_\_\_\_\_

Type of Credit Card:  MasterCard  VISA  American Express

Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

**STUDENTS (Print Name)**

**CLASS / DATE**

**SUB TOTAL**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total amount billed: \$ \_\_\_\_\_**

**FAX COMPLETED FORM TO (888) 366-3115**

**CALL (800) 922-3520**