

COMPANY INFORMATION

COMPANY
INFORMATION

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

2010 CLASS INFORMATION

		WINTER 2010			SPRING 2010			SUMMER 2010			FALL 2010		
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC
40 HR HAZWOPER	\$325	19-22	16-19	16-19	13-16	11-14	1-4	13-16	24-27	14-17	12-15	9-12	7-10
24 HR HAZWOPER	\$250	19-21	16-18	16-18	13-15	11-13	1-3	13-15	24-26	14-16	12-14	9-11	7-9
8 Hr HAZWOPER REFRESHER	\$85	19 or 20	16 or 17	16 or 17	13 or 14	11 or 12	1 or 2	13 or 14	24 or 25	14 or 15	12 or 13	9 or 10	7 or 8
HAZWASTE COMPLETE	\$500			15-19		10-14		12-16		13-17		8-12	
4 Hr HAZARD COMMUNICATION	\$75	20	17	17	14	12	2	14	25	15	13	10	8
FIRST RESPONDER AWARENESS	\$85	19	16	16	13	11	1	13	24	14	12	9	7
FIRST RESPONDER OPERATIONS	\$150	19-20	16-17	16-17	13-14	11-12	1-2	13-14	24-25	14-15	12-13	9-10	7-8
RCRA / DOT HAZMAT	\$250	29		15		10		12		13		8	
DOT HAZMAT	\$150	29		15		10		12		13		8	
FEMA INCIDENT COMMANDER	\$300			25					20				
SUPERVISOR	\$250				22					23			
CONFINED SPACE ENTRY	\$90				23					24			
FORKLIFT TRAIN-THE-TRAINER	\$250	28		26		21		23*		10*	29*		6

FAX FORM TO (888) 366-3115

TRAINING CONDUCTED AT CAL-STATE UNIVERSITY FULLERTON

*Queen Mary. Long Beach



HAZMAT / SAFETY TRAINING
SAFETYCAT.COM

CREDIT CARD /PO# PAYMENT AUTHORIZATION

COMPANY

Company Name: _____

Company Address: _____

Company City/State/Zip: _____

Company Contact Name: _____

Contact Name E-mail: _____

Phone #: (_____) _____

PAYMENT

PO# (Authorized Customers): _____

Type of Credit Card: ___ MasterCard ___ VISA ___ American Express

Card#: _____ - _____ - _____

Expiration Date: ____/____/____

Name on Card: _____

Credit Card Billing Address / Zip: _____

STUDENTS (Print Name)

CLASS / DATE

SUB TOTAL

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total amount billed: \$ _____

FAX COMPLETED FORM TO (888) 366-3115

CALL (800) 922-3520