

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 _____

2012 CLASS INFORMATION

		WINTER 2012			SPRING 2012			SUMMER 2012			FALL 2012		
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC
40 HR HAZWOPER	\$325	17-20	14-17	13-16	10-13	8-11	12-15	17-20	14-17	11-14	9-12	6-9	4-7
24 HR HAZWOPER	\$250	17-19	14-16	13-15	10-12	8-10	12-14	17-19	14-16	11-13	9-11	6-8	4-6
8 Hr HAZWOPER REFRESHER	\$85	17 or 18	14 or 15	13 or 14	10 or 11	8 or 9	12 or 13	17 or 18	14 or 15	11 or 12	9 or 10	6 or 7	4 or 5
HAZWASTE COMPLETE	\$500			12-16		7-11		16-20		10-14		5-9	
4 Hr HAZARD COMMUNICATION	\$75	18	15	14	11	9	13	18	15	12	10	7	5
FIRST RESPONDER AWARENESS	\$85	17	14	13	10	8	12	17	14	11	9	6	4
FIRST RESPONDER OPERATIONS	\$150	17-18	14-15	13-14	10-11	8-9	12-13	17-18	14-15	11-12	9-10	6-7	4-5
RCRA / DOT HAZMAT	\$250	27		12		7		16		10		5	
DOT HAZMAT	\$150	27		12		7		16		10		5	
FEMA INCIDENT COMMANDER	\$150			29						20			
SUPERVISOR	\$250				19								
CONFINED SPACE ENTRY	\$90				20					21			
FORKLIFT TRAIN-THE-TRAINER	\$250	26		30		25		27*		7*	26*		3

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: _____

<u>STUDENTS (Print Name)</u>	<u>CLASS / DATE</u>	<u>SUB TOTAL</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total amount billed: \$ _____

FAX COMPLETED FORM TO (888) 366-3115

CALL (800) 922-3520