

# CSTI Hazardous Materials Training Course Notification

1. Course Number (leave blank): \_\_\_\_\_

2. Please **Circle** the Appropriate Course Type:

FRA	FRA Refresher	FRA WMD	Gen. Site Wrk.	A B C D F G
FRO	FRO Refresher	FRO WMD	Limited Task Wrk.	Tech./Spec. Ref.
Inc. Comm.	IC Refresher	I.C. WMD		INV
MDecon	Tech. Ind. (40hr.)	Other: (Title) _____		HCA-D ASO
FRO-Decon	Tech. Ind. (24hr.)	_____		HCO-D T/S-WMD
FRO HM/WMD Law				

3. Course Dates: \_\_\_\_\_

4. Course Start-End Time: \_\_\_\_\_ 5. Total Course Hours: \_\_\_\_\_

6. Course Address (Agency, Street, Rm. #, City): \_\_\_\_\_  
 \_\_\_\_\_

7. C.S.T.I. Certified Course Manager's Name: \_\_\_\_\_

8. C.S.T.I. Certified Course Manager's Certificate Number: \_\_\_\_\_

9. Course Manager's Mailing Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Billing Information- Submit after class**

Submit check or credit card info. with final class paperwork. (No P.O's).

10. Course Manager's Work #: \_\_\_\_\_/\_\_\_\_\_ Home #: \_\_\_\_\_/\_\_\_\_\_

11. FAX Number (if any): \_\_\_\_\_/\_\_\_\_\_ 12. E-mail: \_\_\_\_\_

13. List **annual** exam that you have in hand: Year \_\_\_\_\_ A\_\_\_\_ B\_\_\_\_  
 \*(If you list an outdated annual exam CD or DVD a current one will be mailed to your home address.)

14. **USE MOST CURRENT Notebook from Web. /CD/DVD: \* LIST YEAR CD/DVD\*** Year \_\_\_\_\_

NOTE: If you leave this blank, your class will not be listed on the web.

I give CSTI permission to post my class information on the web.

Signature	Date
Phone Number	E-mail

This course notification to CSTI constitutes an agreement between the above-indicated Course Manager and the State of California to conduct the above-indicated course in accordance with the minimum hours, performance objectives, course content, and procedures designated in Title 19, California Code of Regulations, Chapter 1, SubChapter 2, Sections 2510-2560.

**Please fill out this form and mail it or Fax it ATTN: Susan Kocher. Please submit all information to CSTI 6 weeks prior to class.**  
**Address and phone: If mailing this form, please mail to: Camp San Luis Obispo, ATTN: CSTI/Cal EMA- Susan Kocher, Bldg. 904, 10 Sonoma Ave., San Luis Obispo, CA 93405-7605. Phone: Susan @ 805/549-3534. FAX: 805/549-3555. [Susan.Kocher@calema.ca.gov](mailto:Susan.Kocher@calema.ca.gov).** The Course

Manager is required to submit to CSTI, no later than 6 weeks following completion of above indicated course, the following materials: 1) Course Roster Form (HM150), 2) Student Evaluation Form (HM140), 1/ea. person in class), 3) Course Manager Evaluation Form (HM160) (optional), 4) Course Schedule (HM130 or HM 130 R), 5) Course Processing Fee.

**For CSTI Use Only:**

Notification Received: \_\_\_\_\_ FAX: \_\_\_ Tel.: \_\_\_ Mailed: \_\_\_\_\_

Paperwork Received at CSTI: \_\_\_\_\_, Closed \_\_\_\_\_