

Acknowledgement Receipt of the Regulations and Hazardous Materials Outreach Instructor Information Form

You must provide the following information at the conclusion of this class. Any updates, FAX to 805/549-3555 Attn: Susan Kocher, or mail to CSTI, Outreach, P.O. Box 8123, San Luis Obispo, CA 93403-8123. Contact Susan at (805) 549-3534, Susan.Kocher@oes.ca.gov for questions.

Work Address: For CSTI's use. (You may authorize web posting at a future date).

Name

Agency

Street Address

City

State

Zip

E-mail

Phone

Fax

Home Address: For CSTI's use only! – (Will not be used for web posting!)

Street Address

City

State

Zip

E-mail

Phone

Fax

**** Please complete this form anytime your home or work information changes.****

The best address for CSTI to contact me is:

Home

Work

The best phone number for CSTI to reach me is:

Home

Work

******Note: You will be on HOLD STATUS until we receive your Signature Below******

"By signing this document I acknowledge having received a copy of the **(2008 CURRENT) Title 19, California Code of Regulations, Chapter 1, Subchapter 2, Sections 2510-2560.** I have/will read and understand these regulations (I request CSTI to contact me specifically by e-mail when issuing public notices of proposed regulatory changes. If I have any questions, I will contact CSTI for clarification). **I will also adhere to, and deliver the State Certified Haz Mat Emergency Response courses in accordance with these regulations.**" (Or future updated regulations as received.)

Signature

Print Name

Date

