

Date Completed: ___/___/___

COMPANY HEADQUARTERS

Company Name: _____

Company Headquarters Mailing Address _____

City _____ State _____ Zip _____ Country _____

Physical Address (if different from above) _____

City _____ State _____ Zip _____ Country _____

Phone _____ - _____ - _____ E-Mail _____

President/CEO:

Prefix (Dr./Mr./Mrs.) _____ First Name _____ Last Name _____

Phone _____ - _____ - _____ E-Mail _____

Company ☞ Contact: (Person who will deal with all kosher aspects) Same as _____

Prefix (Dr./Mr./Mrs.) _____ First Name _____ Last Name _____

Phone _____ - _____ - _____ E-Mail _____

Billing Contact: (Person who will oversee all bills and payments for kosher program) Same as _____

Prefix (Dr./Mr./Mrs.) _____ First Name _____ Last Name _____

Phone _____ - _____ - _____ E-Mail _____

Marketing Contact: (Person who will oversee all bills and payments for kosher program) Same as _____


Prefix (Dr./Mr./Mrs.) _____ First Name _____ Last Name _____

Phone _____ - _____ - _____ E-Mail _____

1. Please explain why you are seeking ☞ Kosher certification? (i.e. what are your marketing goals and objectives for kosher) _____

2. How will your product be distributed? _____
3. Please specify the geographic regions where you plan to market the products? _____
4. Please list **all the types of products** that this company produces (regardless of kosher status).
e.g., Beverages, flavors, baked goods, emulsifiers etc.
a. _____ b. _____ c. _____
d. _____ e. _____ f. _____
5. What is your companies Unique Selling Proposition? _____

6. Where did you hear about the OK? _____
7. Would you be interested in any other food related certifications? (I.e. Food Safety, Organic etc.) _____

8. Are any of these products currently kosher certified, or have they been in the past? Yes No
9. If yes, please indicate the product, kosher supervision agency and year of certification:
1. _____
2. _____
3. _____
10. Do any of your finished product labels already bear an  symbol? Yes No
11. When would you like to be kosher certified? ASAP 2-3 Months 3-6 Months
12. Do you private label for others? Yes No
13. Approximately how **many ingredients/raw materials** does your company handle (regardless of kosher status)? 1-50 51-100 101-500 501-1000 More than 1000
14. How many of these **ingredients/raw materials** have more than one supplier? _____
15. Approximately, how many finished products does your **company** produce (regardless of their kosher status)? 1-50 51-100 101-500 501-1000 More than 1000
16. Are any products (finished goods) bulk-shipped via tank wagon, railcar, ISO or ship compartment?
 Yes No
17. How many facilities would you like to have kosher certified at this time? _____

If you are applying for additional facilities, please make the necessary copies of this form and complete.

FACILITY INFORMATION

This facility is owned by (please provide owner entity name) _____

Facility Name _____

Physical Address _____

City _____ State _____ Zip _____ Country _____

Nearest Airport: _____

Distance from airport to facility: _____

Phone _____ - _____ - _____ E-Mail _____

Facility Kosher Contact:

Prefix (Dr./Mr./Mrs.) _____ First Name _____ Last Name _____

Phone _____ - _____ - _____ E-Mail _____

Plant Manager:

Prefix (Dr./Mr./Mrs.) _____ First Name _____ Last Name _____

Phone _____ - _____ - _____ E-Mail _____

The following questions are specific to this facility only:

1. Does this facility re-label products? Yes No
2. Does this facility Repack Products? Yes No
3. Do this facility produce/blend/manufacture their own products? Yes No
4. Are any of the finished products manufactured in this facility also produced at other sites? Yes No
5. If yes, please list other sites. _____
6. Does this facility manufacture products for a brand that you do not own? Yes No
7. If yes for please provide details: _____
8. Whose Ingredients are used? Only Ingredients purchased by the company Only Ingredients purchased by the facility Only Ingredients supplied by a 3rd party Other: _____
9. Are you requesting Kosher certification for: the whole facility?
 The entire facility Only a portion of the facility
10. Please Detail: _____

11. Please list all the types of manufacturing processes:
 DB: Dry blend **HLC:** Coat with hot liquid >115°
 CLC: Coat with cold liquid <115° **CLP:** Cold liquid process
 HLP: Hot liquid process **OTHER:** _____

INGREDIENT LIST

- If available, please submit a pre-printed inventory list, per facility, of all ingredients, with the manufacturer's name and the kosher certifying agency if available.
- If you have any kosher certificates on file, please submit them with the above list. Please ensure to mark off **on the kosher letter**, which ingredient you use.
- If no pre-printed inventory list is available, please complete the following ingredient list. If your ingredient list exceeds 50 items, please contact us to ease the submittal process via electronic transfer.
- Please list ALL ingredients regardless of kosher status.**

Ingredient Name	RMC Code*	Manufacturer's Name (As it appears on product label.)	Name or Location of Facility Using This Ingredient	Kosher Certifying Agency	To be used in KOSHER certified product?

* RMC (Raw Material Code) is the internal code your company uses as a reference to each ingredient

