**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)

____________________________________________________________________________________________

____________________________________________________________________________________________

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2. How will your product be distributed?

____________________________________________________________________________________________

____________________________________________________________________________________________

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3. Please specify the geographic regions where you plan to market the products?

____________________________________________________________________________________________

____________________________________________________________________________________________

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____________________________________________________________________________________________

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?

____________________________________________________________________________________________

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7. Would you be interested in any other food related certifications? (i.e. Food Safety, Organic etc.)

____________________________________________________________________________________________

____________________________________________________________________________________________

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____________________________________________________________________________________________

____________________________________________________________________________________________

**Application for Kosher certification**

New Accounts Department

Tel: (718) 756-7500 ext 359 • Fax: (718) 756-7503

Email: apply@ok.org • www.ok.org

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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.

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>This facility is owned by (please provide owner entity name) ____________________________________________</td>
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<tr>
<td>Facility Name ____________________________________________</td>
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<tr>
<td>Physical Address ____________________________________________</td>
</tr>
<tr>
<td>City __________________ State ______ Zip ______ Country ____________________</td>
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<tr>
<td>Nearest Airport: ____________________________________________</td>
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<tr>
<td>Distance from airport to facility: ____________________________</td>
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<tr>
<td>Phone ______ - ______ - ______ E-Mail _________________________</td>
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**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:** ______________________________

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**Application for Kosher certification**  
New accounts department  
Tel: (718) 756-7500 ext 359  • Fax: (718) 756-7503  
Email: apply@ok.org  • www.ok.org
Please make copies of this form to accommodate additional information

## 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.**

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>RMC Code*</th>
<th>Manufacturer’s Name (As it appears on product label.)</th>
<th>Name or Location of Facility Using This Ingredient</th>
<th>Kosher Certifying Agency</th>
<th>To be used in KOSHER certified product?</th>
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* RMC (Raw Material Code) is the internal code your company uses as a reference to each ingredient
LISTS OF PRODUCTS TO BE CERTIFIED

- Do you have an internal pre-printed product list? If yes, please attach it.
- If no, and your product list exceeds 50 items, please contact us to ease the submittal process via electronic transfer.
- If your product list has fewer than 50 items, please complete the following form.

Please list all products to be certified. List the product name as it appears on the label. (If possible, please attach a sample of each label).

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