

OK Kosher Certification Additional Facility Application

This form is for current OK Kosher certified companies in need of adding a facility to their kosher program. For *new company certifications*, please contact nad@ok.org for an application.

To apply for **multiple** added facilities, please complete the necessary copies of this form for each facility.

Name of the Facility's Owning Entity _____

HQ Address _____

City _____ State _____ Zip _____ Country _____

Designated Kosher Contact:

Prefix (Dr./Mr./Mrs.) _____ Given Name _____ Surname _____

Phone _____ - _____ - _____ Mobile Phone _____ - _____ - _____

Email _____

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.) _____ Given Name _____ Surname _____

Phone _____ - _____ - _____ E-Mail _____

Plant Manager (if different than Facility Kosher Contact):

Prefix (Dr./Mr./Mrs.) _____ Given Name _____ Surname _____

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 (please check one):
 The entire facility Only a portion of the facility
10. Please Detail: _____
11. Please list all the types of manufacturing processes:
- | | |
|--|---|
| <input type="checkbox"/> DB: Dry blend | <input type="checkbox"/> HLC: Coat with hot liquid >115° |
| <input type="checkbox"/> CLC: Coat with cold liquid <115° | <input type="checkbox"/> CLP: Cold liquid process |
| <input type="checkbox"/> HLP: Hot liquid process | <input type="checkbox"/> OTHER: _____ |

Please detail what will be done in this facility (e.g. repacking, bulk storage, baking, spray drying, etc.), and any other information we should know about this facility:

Thank you.

*~ Application for Kosher certification
New accounts department
Tel: (718) 756-7500 ext 359 • Fax: (718) 756-7503
Email: apply@ok.org • www.ok.org*