

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:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>DB:</b> Dry blend                    | <input type="checkbox"/> <b>HLC:</b> Coat with hot liquid >115° |
| <input type="checkbox"/> <b>CLC:</b> Coat with cold liquid <115° | <input type="checkbox"/> <b>CLP:</b> Cold liquid process        |
| <input type="checkbox"/> <b>HLP:</b> Hot liquid process          | <input type="checkbox"/> <b>OTHER:</b> _____                    |

Ⓜ Application for Kosher certification  
New accounts department

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

Email: [apply@ok.org](mailto:apply@ok.org) • [www.ok.org](http://www.ok.org)