



KOSHER CERTIFICATION

RABBI DON YOEL LEVY
Kashrus Administrator

391 TROY AVE.
BROOKLYN, NY 11213
TEL: 718 756-7500
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**APPROVED INGREDIENT IN STOCK WITH
EXPIRED KOSHER CERTIFICATE**

Date ___/___/___ Company: _____

Ingredient name: _____ RMC(raw material code): _____

Ingredient is manufactured by: _____

Certification Agency _____ Exp. date ___/___/___

Ingredient name as it appears on Kosher Certificate _____

This item is in:
1. A Box, Bottle, Tote, Drum, Pail, Bag or any type of labeled *packaging*. ("Group" 1, 2 or 3)
2. **BULK**: i.e. Tank wagon, Railcar, ISO tank, Ship tank. ("Group" 4 or 5)

Plant(s) where this ingredient is used: _____

Date of purchase ___/___/___ Lot # _____

Attached supporting information:

Purchase order Receiving record Other _____

Amount of material in stock _____

Approximate date of depletion ___/___/___

Approximate shelf life of product _____

ALL INFORMATION ABOVE IS REQUIRED. IF YOU CANNOT PROVIDE ANY OF THIS INFORMATION, PLEASE CONTACT YOUR ACCOUNT REPRESENTATIVE FOR ASSISTANCE.

Submitted by: _____ Fax Number: _____

~ Labs Response

____ **Approved***

Initials

Note _____

Group#

Measures to be taken by the Mashgiach _____

____ **Denied** Note: _____

Initials

Rabbi _____ Date ___/___/___

*The approval is valid until one year from approval date.

Office Use Only
Entered into Database: _____
Sent to Mashgiach: _____
Initial above