



Kosher Certification Kosher Zertifizierung



APPLICATION FOR KOSHER SUPERVISION AND PERMISSION FOR USE OF THE K-KOSHER SYMBOL

Date: _____

Company name: _____

Address of head office: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Applicant's name: _____ Position: _____

Name of purchasing agent for raw materials: _____

Nature of product: _____

Certification requested for: Retail Commercial

When is product produced? All year Seasonally, from: _____ to:

Have you obtained Kosher Certification in the past? Yes No

If yes, by which Kosher Agency: _____

Are your products manufactured/packaged by other companies? Yes No

If yes, list product and company: _____

Plant where product is manufactured: _____

Plant #1: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Name of plant manager: _____

If plant is not located in a major city, advise name of closest city and distance to the manufacturing plant: _____

Are other products (not to be Kosher certified)

manufactured at this plant? Yes No

If yes, is the same equipment used? Yes No

If yes, advise brand name and product:

Plant #2:

City:

Province:

Postal Code:

Telephone: _____ Fax: _____

Name of plant manager: _____

If plant is not located in a major city, advise name of closest city and distance to the manufacturing plant:

Are other products (not to be Kosher certified) manufactured at this plant? Yes No

If yes, is the same equipment used? Yes No

If yes, advise brand name and product:

PLEASE ATTACH ONE LABEL FOR EACH PRODUCT TO BE KOSHER CERTIFIED

How did you hear about K-Kosher? _____

NOTE:

Submission and investigation of this Application does not entail any commitment upon the part of the Applicant or the Council in any way, until agreement for said purpose is duly entered into by both parties.

