

KOSHER CERTIFICATION APPLICATION

FLORIDA K

Rabbi Sholom B. Dubov

708 Lake Howell Road, Maitland Florida 32751

Phone 407-644-2500 ♦ Cell 407-766-2004 ♦ email: rabbi@chabadorlando.org

Instructions:

Please answer all the questions in this application. If the question does not apply, write N/A, and explain if necessary. Make copy of completed signed for your record and return original to the address above. Include 2 samples of each label with your application. Don't forget to include the filling fee.

I. General Company Information:

Date of Application: _____		
Company Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Fax: _____	
Plant Address (if different from Mailing Address): _____		
City: _____	State: _____	Zip: _____
Company Kosher Liaison: _____		
General Manager: _____		
Plant Manager: _____		
Purchasing Agent: _____		

II. Kosher Information:

Which of the following Kosher services do you wish to have?		
<input type="checkbox"/> Consultation Visit	<input type="checkbox"/> Initial Inspection	
<input type="checkbox"/> Plant Certification	<input type="checkbox"/> Product Certification	
<input type="checkbox"/> Special Production	<input type="checkbox"/> Passover Certification	
Do you wish to have other locations certified as well?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this plant ever certified Kosher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, by whom? _____		
(Include copy of previous letter of kosher certification with application)		

KOSHER CERTIFICATION APPLICATION

III. Product Information

Please list products to be certified kosher:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Add paper for additional list (if necessary)

Is this product *manufactured* or *packaged* at another location: Yes No

Are similar products *manufactured* or *packaged* at other locations: Yes No

Do you wish to have additional plants certified? Yes No

Please give details: _____

Do you co-pack private labels? Yes No

Do they wish to be certified kosher? Yes No

Brand Name:

Product Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Add paper for additional list (if necessary)

KOSHER CERTIFICATION APPLICATION

IV. Ingredient Information

List all ingredients used in kosher products: (list even minute amounts, in decreasing order or predominance, and suppliers' complete names, addresses and phones. Include all suppliers for each ingredient:

<u>INGREDIENT</u>	<u>MFG/SUPPLIER</u>	<u>ADDRESS</u>	<u>EMAIL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please attach list for additional ingredients, listing all suppliers, address, & email.

Are the following used at this plant location:

- | | | | | | |
|-------------------|------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|
| Alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Grains | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Animal origin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Grape? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Antioxidants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emulsifiers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Artificial color | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Meat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Artificial flavor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pectin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dairy Products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Preservatives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gelatin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shortening? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Stabilizers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

KOSHER CERTIFICATION APPLICATION

V. General Comments

Please include any comments that may be pertinent to this kosher application:

V. Signature

Signature Required by Company Representative:

Signature: _____

Print Name: _____

Position: _____

Date: _____



Prepared exclusively for the use of FLORIDA K.
All other uses are unauthorized. Return this form by mail with all necessary information and application fee
to:
Florida K
708 Lake Howell Road
Maitland, Florida 32751 - USA