	Date Completed:					
		COMP	PANY H	EADQU <i>E</i>	ARTERS	
Con	npany Name:					
Con	npany Headquarters M	ailing Address _				
City			State	Zip	Country	
Phy	sical Address (if differe	nt from above) _				
City			State	Zip	Country	
Pho	ne		E-Mail			
Pres	sident/CEO:					
Pref	fix (Dr./Mr./Mrs.)	First Name Last Name			Name	
Pho	ne		E-Mail			
Con	npany 🕟 Contact: (P	erson who will d	eal with all koshe	er aspects) 🗆 Sam	e as	
Pref	fix (Dr./Mr./Mrs.)	First Name		Last Name		
Pho	ne		E-Mail			
Billi	ing Contact: (Person v	vho will oversee	all bills and payn	nents for kosher pr	rogram) 🗆 Same as	
Prefix (Dr./Mr./Mrs.)		First Name		Last	Name	
Pho	ne		E-Mail			
Mar	keting Contact: (Pers	on who will over	see all bills and p	ayments for koshe	er program) □ Same as	
Pref	fix (Dr./Mr./Mrs.)	First Name		Last	Name	
Phone			E-Mail			
1.	Please explain why	-			what are your marketing goals and	
2.	How will your prod	luct be distribu	ıted?			
3.	Please specify the g	geographic regi	ions where you	plan to market	the products?	
4.	Please list all the types of products that this company produces (regardless of kosher status).					
	e.g., Beverages, flavors, baked goods, emulsifiers etc.					
	a		_ b		C	
	d		e		f	
5.	What is your comp	anies Unique S	elling Proposit	ion?		
6.	Where did you hea	r about the OK	?			
7	Would you be inter	acted in any of	har food ralate	d cartifications?	(La Food Safaty Organic etc.)	

8.	Are any of these products currently kosher certified, or have they been in the past? \square Yes \square No
9.	If yes, please indicate the product, kosher supervision agency and year of certification:
	1
	2
	3
10.	Do any of your finished product labels already bear an € symbol? □ Yes □ No
11.	When would you like to be kosher certified? \square ASAP \square 2-3 Months \square 3-6 Months
12.	Do you private label for others? □ Yes □ No
13.	Approximately how many ingredients/raw materials does your company handle (regardless of kosher
	status)? □ 1-50 □ 51-100 □ 101-500 □ 501-1000 □ More than 1000
14.	How many of these ingredients/raw materials have more than one supplier?
15.	Approximately, how many finished products does your company produce (regardless of their kosher status)
	□ 1-50 □ 51-100 □ 101-500 □ 501-1000 □ More than 1000
16.	Are any products (finished goods) bulk-shipped via tank wagon, railcar, ISO or ship compartment?
	□ Yes □ No
17.	How many facilities would you like to have kosher certified at this time?

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						
PhoneE	E-Mail						
Plant Manager:							
Prefix (Dr./Mr./Mrs.)First Name	Last Name						
Phone	E-Mail						
The following questions are specific to this	s facility only:						
1. Does this facility re-label products?	•						
 Does this facility Repack Products? □ Yes □ No 							
3. Do this facility produce/blend/manu							
	nufactured in this facility also produced at other sites? Yes No						
5. If yes, please list other sites							
6. Does this facility manufacture produ	acts 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 certificati	ion 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:							
□ DB : Dry blend	☐ HLC : Coat with hot liquid >115º						
☐ CLC: Coat with cold liquid <115°	☐ CLP: Cold liquid process						
☐ HLP : Hot liquid process	□ OTHER:						

INGREDIENT LIST

- □ If available, please submit a pre-printed inventory list, per facility, of all ingredients, with the manufacturer's name and the kosher certifying agency if available.
- □ If you have any kosher certificates on file, please submit them with the above list. Please ensure to mark off **on the kosher letter**, which ingredient you use.
- ☐ If no pre-printed inventory list is available, please complete the following ingredient list. If your ingredient list exceeds 50 items, please contact us to ease the submittal process via electronic transfer.
- Please list ALL ingredients regardless of kosher status.

Ingredient Name	RMC Code*	Manufacturer's Name (As it appears on product label.)	Name or Location of Facility Using This Ingredient	Kosher Certifying Agency	To be used in KOSHER certified product?

^{*} RMC (Raw Material Code) is the internal code your company uses as a reference to each ingredient

LISTS OF PRODUCTS TO BE CERTIFIED

- □ Do you have an internal pre-printed product list? If yes, please attach it.
- □ If no, and your product list exceeds 50 items, please contact us to ease the submittal process via electronic transfer.
- □ If your product list has fewer than 50 items, please complete the following form.

(If possible, please attach a sample of each label).