

Date application received:

Kosher Certification Application



ORTHODOX JEWISH COUNCIL  
KOSHER TECHNICAL KONSULTANTS  
7614 Dorcas St., Philadelphia, PA 19111-3324  
Tel: (215) 745-3773 Fax: (215)745-5101

For Kosher Supervision and Certification permitting use of the  seal

Application Date: \_\_\_\_\_

INSTRUCTIONS:

- Prepare form in triplicate, return two copies to the OJC, and retain one copy for your files.
- Please submit along with this application two labels for each product to be endorsed.

Firm name of applicant: \_\_\_\_\_

Address (main office): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Application authorized by (name): \_\_\_\_\_ Title: \_\_\_\_\_

Name of purchasing agent for raw materials: \_\_\_\_\_

Brand names to be certified:

\_\_\_\_\_  
\_\_\_\_\_

Nature of Product: \_\_\_\_\_

\_\_\_\_\_

Are identical products made at any other plant? If yes, please indicate plant location:

\_\_\_\_\_

Is the certification requested for: Retail use: \_\_\_\_\_ Institutional pack: \_\_\_\_\_

Product to be certified is produced:

Year round: \_\_\_\_\_ Seasonally: from \_\_\_\_\_ to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Have any of your products ever been certified as kosher? \_\_\_\_\_ By whom? \_\_\_\_\_

Are they presently certified as kosher? \_\_\_\_\_ By whom? \_\_\_\_\_

Please indicate in which geographic areas you plan to market the products? \_\_\_\_\_

\_\_\_\_\_

**Plants at which product is made: (Please list all plants)**

1. Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Official in charge: \_\_\_\_\_

If plant is not situated in a major city, please indicate the closest major city and distance to manufacturing facility: \_\_\_\_\_

Are other products made at the same plant? \_\_\_\_\_ With the same equipment? \_\_\_\_\_

If "yes", list brand name, description and ingredients. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Official in charge: \_\_\_\_\_

If plant is not situated in a major city, please indicate the closest major city and distance to manufacturing facility: \_\_\_\_\_

Are other products made at the same plant? \_\_\_\_\_ With the same equipment? \_\_\_\_\_



If "yes", list brand name, description and ingredients. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List all ingredients used in the plant.** If the plant has kosher and non-kosher production, please place check next to each ingredient used for certified product. When available, please supply letters of kosher certification.

#	Ingredient name	Name and location of supplying firm	Name and location of manufacturing firm
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Please use additional sheets if additional space is required.

Do you seek  endorsement for private labels? If yes, please list all private label brands which will require  endorsement.

#	Brand Name	Corporate Name	Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Comments on any phase of production pertinent to this application:

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Note:

The OJC covenants and agrees that it will not communicate or divulge to, or use the benefit of, any other person, partnership, association, or corporation, any of the trade secrets, formulae, or secret processes, used or employed by the company in or about its business, that may be communicated to the Orthodox Jewish Council by virtue of this application.

Submission and investigation of this application does not entail any commitment upon the part of the applicant or of the Orthodox Jewish Council or Kosher Technical Konsultants in any way, until agreement for said purpose is duly entered into by both parties.

For internal use:

\_\_\_\_\_  
Approved for

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspection frequency

Special conditions: