



# APPLICATION FOR KOSHER CERTIFICATION

## ORTHODOX UNION - KASHRUTH DIVISION

11 Broadway " New York, NY 10004

Applications Desk: 212-613-8249 " Fax: 212-613-0749

E-mail: [newapp@ou.org](mailto:newapp@ou.org) " <http://www.oukosher.org/>

Date:

**COMPANY NAME:**

Address:

City:

State:

Zip:

Country:

Phone:

Toll Free ( )

Fax:

Company Contact:

Title:

Phone:

E-mail:

Alternate Contact:

Title:

Phone:

E-mail:

Billing Contact:

Title:

Phone:

E-mail:

Marketing Contact:

Title:

Phone:

E-mail:

Company President/CEO:

E-mail:

Please explain why you are seeking certification (i.e. what are your marketing goals?):

Under which category of foods would you list the product(s) (e.g. snacks, baked goods, acidulants etc.)?

✓ Have any of your products ever been certified Kosher?

Yes

No

If yes, by whom:

✓ Are any of them currently certified Kosher?

Yes

No

If yes, by whom:

How many plants are included in this application?

*(Attach a set of forms for each plant).*

**FOREIGN APPLICANTS: PLEASE PROVIDE INFORMATION FOR A US OFFICE AND/ OR CONTACT WHERE AVAILABLE. Name: Phone:**

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ID#

Received: / /

NCRC

PRC

COMPANY HEADQUARTERS PROFILE PAGE



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Note: Please complete a separate *Manufacturing Plant Profile* page for each facility.

Date:

**PLANT NAME:**

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

**Phone:**

**Toll Free( )::**

**Fax:**

**Plant Contact:**

**Title:**

**Phone:**

**E-mail:**

**Alternate Contact:**

**Title:**

**Phone:**

**E-mail:**

**R&D Contact:**

**E-mail:**

If the facility is not located in a major city, please indicate the closest major city and the distance to the facility:

Describe all the manufacturing process(es) in the facility:

**THIS FORM IS INTENDED FOR APPLICATIONS OF NON-CERTIFIED COMPANIES AND/ OR PLANTS. CERTIFIED COMPANIES SEEKING APPROVAL FOR NEW PROUDUCTS SHOULD COMPLETE A NEW PRODUCT REQUEST FORM.**

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Approved by RKC

Inspection Frequency

Special Comments

MANUFACTURING PLANT PROFILE PAGE



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PRODUCT INFORMATION PAGE

PLANT:

LOCATION:

A) Please indicate the geographic areas where you plan to market the product(s):

B) ✓ Are any of these products also produced in a plant not included in this application?

Yes  No

If yes, where and by whom:

✓ Are any other products produced in this plant?  Yes  No

C) Please provide the following information regarding products for which you are seeking certification

- I. Please list the name of each product for which you are seeking certification. Check the appropriate column(s) for **Retail** or **Industrial/Institutional** distribution. Please specify if you desire Passover certification
- II. Please list each brand name for the product that you are seeking certification. Check the appropriate column(s) to indicate if the brand name is an **In-House** and / or **Private Label**
- III. **For Private Label brand name:** Enter the name of the Private Label Company that owns the brand name. On the last page of this application, provide the company name, address and contact name

**PLEASE SUBMIT A COPY OF A LABEL FOR EACH PRODUCT & BRAND NAME**

I. Product Name	Distribution			II. Brand Name	Label Type		III. Private Label Company	For Internal Use Only DPMF
	Retail	Industrial	Passover		In-House	Private Label		

For additional products, continue to the next page. If not skip to page 5 (Raw Material Information Page)





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RAW MATERIAL INFORMATION PAGE

Plant name

1. List all raw materials in the facility (including release agents, processing aids, antifoams etc.) even if not intended for kosher use.
2. Identify with an asterisk (\*) any ingredients intended for use exclusively in products that you do not wish to certify.
3. *Submit a Letter of Kosher certification and clearly identify the exact ingredient being used. If you submit via fax, do not highlight. Where no Letter of Certification is available, supply a process flow diagram. Both the ingredient name and source name must match the Letter of Certification.*

### Definitions:

**RMC#:** List the raw material code, if any, that plant uses internally.

**INGREDIENT NAME:** Give the name exactly as it appears on the label. Include all flavor and product code numbers

**SOURCE:** Give the manufacturing source exactly as it appears on label. Do not list distributor or broker unless it appears on label. Include all Plant #'s/USDA#'s or other regulatory, plant mfg. Codes, where applicable

**BRAND NAME:** List Brand Name exactly as it appears on the label.

**BULK:** Indicate if ingredient is received in tankers, rail cars, trailers or containers that are not normally refilled.

**CERTIFYING AGENCY:** Indicate the Kosher certifying agency that certifies this ingredient.

RMC#	INGREDIENT NAME	SOURCE	BRAND NAME	BULK	CERTIFYING AGENCY
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Use the following examples as guidelines

654	Non Fat Dry Milk	Crystal Cream #06-01			OU
655	All Purpose Shortening 101-50	Cahokia Flour	Cahokia Pride	Tankers	OU
656	Vanilla Pecan F698764	McCormick Flavor			OU
657	Honey Liquid	Albertson's	Lucky		OU

RMC#	INGREDIENT NAME	SOURCE	BRAND NAME	BULK	CERTIFYING AGENCY

For additional ingredients, please continue to the next page.

