

KOF-K KOSHER SUPERVISION

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<u>APPLICATIO</u>	N FOR KO	SHER CERT	<u> </u>
KOF-K affirms/agrees that secrets, formulae, or secret virtue of this application. All	processes used b	y the Company, co	onveyed to the KOF-K by
of this application does not a will only be given after a con			
Application Date:	Authoriz	zed By/Title:	
Company Name:		CC	MPANY PROFILE
Address:			
City:	State:	Zip:	Country:
General Phone:		Fax:	
Company Contact:		Title:	
Phone:		E-mail:	
IT Contact:		Title:	
Phone:		E-mail:	
Billing Contact:		E-mail:	
Marketing Contact:		Title:	
Phone:		E-mail:	
Company President/CEO:		E-mail:	
Please submit separate plant	profiles, product	profiles & ingredi	ent profiles for each plant
Plant Name:			PLANT PROFILE
Address:			
City:	State:	Zip:	Country:
Phone:		Fax:	
Plant Contact:		Title:	
Phone:		E-mail:	
Alternate Contact:		Title:	



Phone:

E-mail:

Please list (or submit an ingredient list for) all ingredients used in the plant and submit a current LOC (letter of kosher certification) for each ingredient that will be used in kosher certified products. Indicate (not by highlighting) the item that corresponds to the ingredient applied for. If no LOC is available, please submit a Spec Sheet.

Ingredient Name	Manufacturer's Product #	Manufacturer's Name	Liquid Bulk? Packaged? Both?	<u>Your</u> Company's <u>R</u> aw <u>M</u> aterial <u>C</u> ode



Submit a Product List including the information listed below or complete the following table

Product Name	Product Code	Brand Name(s)	Private Label? Y/N

GENERAL INFORMATION

- 1) What products are made in the facility?
- 2) Is certification being sought for all products manufactured in the plant?
 - a. If not, what products (nature/type) will not be certified?
- 3) Briefly describe the production process or attach a process flow chart for the products that kosher certification are being sought for.
- 4) Are any of the owners of the company Jewish /Jewish descent Yes□ No□ (Note: This information is requested with regards to special religious laws pertaining to Passover)
- 5) Has your company ever been kosher certified before?
 - a. If yes, by what agency?
 - b. What was the reason for cessation of the certification?

Please attach any additional Ingredient or Product information that does not fit on the tables provided above.



ONLY AVAILABLE WITH KOF-K SUPERVISION