



## MANUFACTURING

# APPLICATION FOR KOSHER CERTIFICATION

The kosher certification application for food production is the first step towards permitting the use of the kosher symbol.

Kosher East affirms that it will not divulge private information, formulas, or processes used by the client to any other party.

For the "Type-in" function, please save the PDF form on your PC - your browser's reader may not keep the changes.

## COMPANY PROFILE

Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## CONTACT INFORMATION

### Primary Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

### Manufacturing Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Are you a part of a group of companies?..... Yes No

If yes, please specify \_\_\_\_\_

Does your company have any Jewish ownership?..... Yes No

Where did you hear about Kosher East? (e.g. show, manufacturer, customer, website)



## FACILITY INFORMATION

The following questions give us important information about your facility and will expedite the certification process.

**Are there more locations for production?.....** Yes No

If yes, please list name, address and other contact information.

Name: Address: Other contact information:

\_\_\_\_\_

**Are any other products produced in this facility not intended for kosher consumption?** Yes No

If available, please attached a list of other (non kosher) products.

**What days of the week do you operate?**

Mon-Fri

All

Other (please specify) \_\_\_\_\_

**How many shifts operate at the facility?**

1 shift

2 shifts

3 shifts

**Are you currently using or have you ever used any of the following in your facility?**

Any form of meat or meat derivatives? ..... Yes No

Any form of fish, seafood or their derivatives? ..... Yes No

Any form of dairy, milk or their derivatives? ..... Yes No

Any form of grape or its derivatives? ..... Yes No



**How do ingredients arrive at your facility?** ( Check all that apply )

Tankers (that are normally refilled)      Trailers      Containers that are NOT normally refilled

**How are raw materials stored at your facility?**

Totes, containers or tanks that are normally refilled

Totes or containers that are NOT normally refilled

**What range of temperature do you use during production?** \_\_\_\_\_

**At what temperature is/are the product/s packed?** \_\_\_\_\_

**What range of temperatures do you use for cleaning between production runs?** \_\_\_\_\_

**What type of chemicals do you use for cleaning, if any?** \_\_\_\_\_

**Do designated kosher production lines share any of the following with non-kosher production lines?**

Heat sources      Packaging lines      Containers of any kind      Raw materials sources

Other physical connection

If available, please attach a copy of the engineering floor plan.

**Is steam used in the production process?**..... Yes      No

If yes, how many steam sources (boilers) do you have?: \_\_\_\_\_

**Do you have any specific procedures for allergens?**..... Yes      No

If yes, please specify: \_\_\_\_\_

**Is there a designated dining area or canteen?**..... Yes      No

If Yes, are there specific protocols for transitioning back to production?..... Yes      No

If Yes, please specify: \_\_\_\_\_

**Have you ever applied for or obtained kosher certification?** ..... Yes      No

If yes, by which organization? \_\_\_\_\_



## PRODUCT INFORMATION

What type of packaging and transport do you use for distribution? (small containers, bags, bulk, tanks etc.)

\_\_\_\_\_

In which locations will the product be available for kosher consumers? \_\_\_\_\_

Are you seeking a Passover certification for any of your products? ..... Yes No  
(Note: Passover certification will require additional information not included in this checklist)

Will the same product be manufactured as kosher and non-kosher? ..... Yes No

If yes, will you use the same packaging and labeling? ..... Yes No

What is the intended use of the product? ..... Retail Industrial

How many different products do you wish to certify at this time? \_\_\_\_\_

Please list each product you wish to certify separately.

Product name	Product code	Product Description
_____	_____	_____

For each product, please list all ingredients used in the manufacturing process including processing aids, release agents and anti-foams.

Ingredient code	Ingredient name	Supplier	Receiving method (tank, bulk, sacks)	Kosher Certification (product and shipment)





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## LABELING

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If available, please attach a picture of the final product packaging.

**Are you seeking kosher certification for private labels as well? .....**      Yes      No

If yes, please attach a copy of the product label.

**Date:** \_\_\_\_\_      **Name:** \_\_\_\_\_      **Title:** \_\_\_\_\_

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