

KOSHER CERTIFICATION APPLICATION

FLORIDA K

Vaad Hakashrus of Orlando



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Instructions:

Please fill out all of the questions in this application. If the question does not apply, write N/A, and explain if necessary. Make copy of completed signed for your record and return original to the address above. Include 2 samples of each label with your application. Don't forget to include the filling fee.

I. General Company Information:

Date of Application: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Plant Address (if different from Mailing Address): _____

City: _____ State: _____ Zip: _____

Company Kosher Liaison: _____

General Manager: _____

Plant Manager: _____

Purchasing Agent: _____

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II. Kosher Information:

Which of the following Kosher services do you wish to have?

- Consultation Visit Initial Inspection
 Plant Certification Product Certification
 Special Production Passover Certification

Do you wish to have other locations certified as well? Yes No

Was this plant ever certified Kosher? Yes No

If yes, by whom? _____

(Include copy of previous letter of kosher certification with application)

III. Product Information

Please list products to be certified kosher:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Add paper for additional list (if necessary)

Is this product manufactured at another location: Yes No

Do you wish to have additional plants approved? Yes No

Are similar products manufactured at other locations: Yes No

Are similar products packaged at other locations: Yes No

Are similar products prepared at other locations: Yes No

Please give details: _____

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Are the following used at this plant location:

Alcohol?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Grains	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Animal origin?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Grape?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Antioxidants?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Emulsifiers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Artificial color	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Meat?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Artificial flavor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pectin?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Dairy Products?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Preservatives?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Gelatin?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Shortening?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Stabilizers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

V. General Comments

Please include any comments that may be pertinent to this kosher application:

V. Signature

Signature Required by Company Representative:

Signature: _____

Print Name: _____

Position: _____

Date: _____

All other uses are unauthorized. Return this form by mail with all necessary information and application fee to:

Florida K

708 Lake Howell Road, Maitland, FL , 32751 - USA