Date:

**COMPANY HEADQUARTERS PROFILE PAGE**

**COMPANY NAME:**

**Company Registration Number:**

**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:**

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

**Have any of your Production Facilities or products ever been certified Kosher? Yes No**

**If yes, by whom: Please attach a copy of the previous Kosher certificate:**

**Are any of them currently certified Kosher? Yes No**

**If yes, by whom: Please attach a copy of the previous Kosher certificate:**

**How many plants are included in this application? (*Attach a set of forms for each plant)****.*

**PLEASE NOTE:** The SKS symbol is a registered trademark of the Shatz Kosher Services. Its unauthorized use Is a violation of trademark laws. Our rights in this regard are enforced to the fullest extent of the law. The SKS symbol may not be used until a written contract has been executed with the SKS Shatz Kosher Services.

The SKS covenants and agrees that it will not communicate or divulge to, or use for the benefit of, any other person, partnership, association, or corporation, any of the trade secrets, formula, or secret processes, used or employed by the company in or about its business, that may be communicated to the SKS 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 SKS in any way, until agreement for said purpose is duly entered into by both parties.

**MANUFACTURING PLANT PROFILE PAGE**

**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: (You can Attach a file will the info)

**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 not listed in this application produced in this plant? **Yes No**

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

LO

|  |
| --- |
| 1. 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 |
| 1. 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** |
| 1. **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** | **Retail** | **Industrial** | **Passover** | **II. Brand Name** | **In-House** | **Private Label** | | **III. Private Label Company** |  |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  | |  |

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

# PRODUCT INFORMATION PAGE – Continuation Sheet

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

Plant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. List all raw materials in the facility (including release agents, processing aids, antifoams etc.) even if not intended for kosher use.**

| **INGREDIENT NAME** | **SOURCE** | **BRAND NAME** | **BULK** | **CERTIFYING AGENCY** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**2. Identify with an asterisk (\*) any ingredients intended for use exclusively in products that you do not wish to certify.**

**RAW MATERIAL INFORMATION PAGE**

**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:**

***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.*

**For additional ingredients, please continue to the next page.**

| **INGREDIENT NAME** | **SOURCE** | **BRAND NAME** | **BULK** | **CERTIFYING AGENCY** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# RAW MATERIAL INFORMATION PAGE – Continuation Sheet