

# APPLICATION FOR KOSHER CERTIFICATION

## **SKS Shatz Kosher Services**

**ISRAEL Office:** 16 Shamay St. ASHDOD ISRAEL

Tel: ++972-8-864-5535 Cell: ++972-52-523-1908

**USA office:** 1347-291-4448 fax: 1208-441-4199

**E-mail:** [moskod@chinakosher.com.cn](mailto:moskod@chinakosher.com.cn) ♦ <http://www.skskosher.com/>

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:**

**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, formulae, 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.

### FOR INTERNAL USE ONLY

ID#

Received: / /

NCRC

PRC

# APPLICATION FOR KOSHER CERTIFICATION

## SKS Shatz Kosher Services

ISRAEL Office: 16 Shamay St. ASHDOD ISRAEL

Tel: ++972-8-864-5535 Cell: ++972-52-523-1908

USA Office: 1850 52St., Brooklyn N.Y. 11204 USA

Tel: ++1-718-360-7222 Fax: ++1-718-256-7463

E-mail: moskod@yahoo.com ♦ <http://www.kosherchina.com/>

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.**

FOR INTERNAL USE ONLY

Mi

F

E

Approved by RKC

Inspection Frequency

# APPLICATION FOR KOSHER CERTIFICATION

## SKS Shatz Kosher Services

ISRAEL Office: 16 Shamay St. ASHDOD ISRAEL

Tel: ++972-8-864-5535 Cell: ++972-52-523-1908

USA Office: 1850 52St., Brooklyn N.Y. 11204 USA

Tel: ++1-718-360-7222 Fax: ++1-718-256-7463

E-mail: moskod@yahoo.com ♦ <http://www.kosherchina.com/>

Special Comments

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

**PRODUCT INFORMATION PAGE**



# APPLICATION FOR KOSHER CERTIFICATION

## SKS Shatz Kosher Services

ISRAEL Office: 16 Shamay St. ASHDOD ISRAEL

Tel: ++972-8-864-5535 Cell: ++972-52-523-1908

USA Office: 1850 52St., Brooklyn N.Y. 11204 USA

Tel: ++1-718-360-7222 Fax: ++1-718-256-7463

E-mail: moskod@yahoo.com ♦ <http://www.kosherchina.com/>

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
------	-----------------	--------	------------	------	-------------------

Use the following examples as guidelines

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

RMC#	INGREDIENT NAME	SOURCE	BRAND NAME	BULK	CERTIFYING AGENCY

