### APPLICATION FOR KOSHER CERTIFICATION

Date:

**COMPANY INFORMATION**

**COMPANY NAME:**

**Address:**

**City:** **State:** **Zip:**  **Country:**

**Phone:****Toll Free ( )****Fax:**

**Mailing Address:**

**City:       State:       Zip:** **Country:**

**Company Contact:****Title:**

**Phone:** **E‑mail:**

**Alternate Contact:** **Title:**

**Phone:** **E‑mail:**

**Billing Contact:** **Title:**

**Phone:** **E‑mail:**

**Company President/CEO:** **E‑mail:**

**Please explain why you are seeking certification (i.e. what are your marketing goals?):**

**In how many facilities are your products produced?**

**How many facilities would you like to have certified kosher?**

**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:**

**Do you private label for others?  Yes  No**

**If yes, for whom (please list all; if necessary on separate paper):**

**Are there any owners of the company who are Jewish?  Yes  No**

(This information is pertinent to determine if certain Passover procedures must be followed.)

***Note:*** *Complete a separate facility info sheet for each facility for which you are seeking kosher certification.*

Date:

**FACILITY INFORMATION**

**FACILITY NAME:**

**Address:**

**City:** **State:** **Zip:**  **Country:**

**Phone:****Toll Free( ):****Fax:**

**Plant Manager:**

**Phone:      E‑mail:**

**Production Manager:**

**Phone:       E‑mail:**

**Kosher Contact:**

**Phone:       E‑mail:**

Nearest Airport:

**Are you seeking kosher certification for the entire facility?  Yes  No**

**If no, please detail:**

**Does this facility re-label products?  Yes  No**

**If yes, for whom:**

**Does this facility repack products? Yes  No**

**If yes, for whom:**

**Do you store any other ingredients in your plant?  Yes  No**

**If yes, what and for whom:**

**Please list all types of manufacturing processes at this facility: (check all that apply)  
 Dry Blend  Hot liquid process >115°  Cold liquid process <115°**

**Other**

Describe all the manufacturing processes in the facility (include equipment description):

**PRODUCT INFORMATION**

Please provide the following information for all products for which you are seeking certification:

Please list the name of each product. Check the appropriate column(s) for Retail, Institutional, Industrial or Bulk distribution. Please specify if you are also seeking certification for Passover. Please list the brand name for the product and specify if it is an in-house brand or private label brand.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product Name** | **Retail** | **Institutional** | **Industrial** | **Bulk** | **PASSOVER** | **Brand Name** | **In-House** | **Private Label** |
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**INGREDIENT INFORMATION**

***Note:*** *Complete a separate ingredient info sheet for each facility for which you are seeking kosher certification. You may make additional copies of this sheet, as necessary.*

**List all raw materials in the facility (including release agents, processing aids, antifoams, etc.) regardless of kosher status and even if not intended for kosher use. If available, specify if an ingredient is certified kosher and submit a Letter of Kosher Certification. Please ensure to mark off on the kosher certificate the exact ingredient being used.**

*Definitions:*

**RMC#:** List the internal raw material code that your facility uses.

**INGREDIENT NAME:** Provide the name exactly as it appears on the label. Include all flavor and product code numbers.

**SOURCE:** Provide the manufacturing source exactly as it appears on label. Do not list distributor unless it appears on the label. Include all Plant numbers, USDA numbers or other regulatory and plant manufacturing codes, where applicable. If you receive identical product from multiple sources, list all separately.

**BRAND NAME:** List the brand Name exactly as it appears on the label.

**BULK:** Indicate if ingredient is received in tankers, rail cars, trailers or other bulk containers.

**CERTIFYING AGENCY:** Indicate the Kosher certifying agency that certifies this ingredient. If ingredient is not certified, enter “not certified.” If kosher status is unknown, enter “unknown.”

| RMC # | INGREDIENT NAME | SOURCE | BRAND | BULK | **KOSHER AGENCY** |
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**TERMS OF APPLICATION:**

1. The Applicant acknowledges and represents that s/he fully understands that by accepting this Application neither Idaho Kosher nor any of its representatives represent or imply that the supervision and certification applied for will be granted.

2. The Applicant fully understands that certification and endorsement by Idaho Kosher depends on many factors, and that the Idaho Kosher may, at its sole discretion, for reasons that it may or may not disclose to the Applicant, reject this Application and refuse to endorse or to give certification to the product or establishment.

3. The Applicant promises that s/he will not disclose any of the negotiations that may be entered into between applying company and Idaho Kosher subsequent to the date of this Application.

4. After preliminarily reviewing this Application, Idaho Kosher will require an initial inspection of the premises. The Applicant shall make available the company’s entire premises for inspection at a time convenient to both Idaho Kosher and Applicant. Applicant shall provide Idaho Kosher with all further information that Idaho Kosher will require, either prior to said inspection or subsequent thereto, including, but not limited to, a list of all ingredients used in the production, names and sources of all supplies, a description of the manner of production, etc.

Applicant agrees to pay Idaho Kosher an initial inspection fee (to be determined) and reimbursement for all expenses directly related to conducting the initial inspection of Applicant's facility. The initial inspection fee will be specified in writing prior to the scheduling of the initial inspection, at which time the Applicant shall have the right to withdraw this application at no cost.

It is understood that Idaho Kosher shall, at its sole discretion, determine the acceptability of any endorsement or certification of any product used by the Applicant in its operation.

5. If and when certification is granted by Idaho Kosher, it shall be pursuant to certain contracts entered into by and between Idaho Kosher and the Applicant. Said contract will contain the conditions and terms upon which Idaho Kosher will supervise and grant certification. Applicant clearly understands that Idaho Kosher shall charge an annual fee (to be determined) for its supervision and certification.

6. The Applicant further warrants and promises that he will not publish, announce, advertise, or in any way suggest or represent to anyone by means or media whatsoever, that Applicant’s products or establishments have Idaho Kosher certification unless and until Applicant receives a letter from Idaho Kosher informing that Certification is granted and that Applicant has permission to use the Idaho Kosher emblem and to advertise this fact.

7. The Applicant, for himself/herself, his/her heirs, executors, and ensigns, releases and forever discharges Idaho Kosher, its officers, members, representatives, and agents from any and all damages that it may have sustained, or any claims it may have at any time against said Idaho Kosher, its officers, members, representatives, and agents, arising out of any act or omission caused, or claimed to have caused, in any manner whatsoever in connection with inspection, endorsements, or certification of any of Applicant's products, operations, or establishments, or caused, or claimed to have been caused by the refusal in granting said certification.

8. Idaho Kosher 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 Idaho Kosher by virtue of this application.

**I have read and agree to the terms of this Application.**

**Application authorized by:**

**Name:       Title:**

**Signature: Date:**