



APPLICATION FOR KOSHER LA CERTIFICATION

Kosher LA

9025 Wilshire Blvd. Suite #301, Beverly Hills, CA 90211

Ph:(310)246-3417 Fx:(888)902-4106

kosherla@gmail.com - www.kosherla.org

Date:

COMPANY PROFILE

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, fish, acidulants etc.)?

Where did you hear about Kosher LA (e.g. show, supplier, customer, Google, website, 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  symbol is a registered trademark of Kosher LA. Its unauthorized use is a violation of trademark laws. Our rights in this regard are enforced to the fullest extent of the law. The  symbol may not be used until a written contract has been executed with the Kosher LA. Kosher LA 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 Kosher LA by virtue of this application. Submission and investigation of this application does not entail any commitment upon the part of the applicant or of Kosher LA in any way, until agreement for said purpose is duly entered into by both parties.

FOR INTERNAL USE ONLY

ID#

Received: / /



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MANUFACTURING PROFILE

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.

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Approved by RJB

Inspection Frequency

Special Comments

PLANT:

LOCATION:

ALL INFORMATION SUBMITTED IS MAINTAINED IN STRICT CONFIDENCE



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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



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

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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
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Use the following examples as guidelines

654	Non Fat Dry Milk	YBT Cream #06-01			Kosher LA
655	All Purpose Shortening 101-50	Mercer Flour	Mercer Pride	Tankers	Kosher LA
656	Vanilla Pecan F698764	McCormick Flavor			OU
657	Honey Liquid	Albertson's	BuzzyHoney		Circle K

RMC#	INGREDIENT NAME	SOURCE	BRAND NAME	BULK	CERTIFYING AGENCY

For additional ingredients, please continue to the next page.

