



233 5th Avenue, Suite 5A New York, NY 10016  
Ph. 212.767.9377 Fax 212.679.0502

## APPLICATION FOR KOSHER CERTIFICATION

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All information submitted to SKO will be kept in strict confidence.

Completion of this application does not authorize you to use the SKO symbol for any purpose, including advertising or public notices. Such permission may be granted only after a certification contract is executed and a Kosher Certificate is issued.

Date: \_\_\_\_\_ Application completed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company President/CEO: \_\_\_\_\_ Title \_\_\_\_\_

What type of products do you manufacture, Category? OR What type of service do you perform?

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Has your company ever had kosher certification: \_\_\_\_ If yes, by whom? \_\_\_\_\_

When: \_\_\_\_\_ Have any of your products been certified Kosher? \_\_\_\_\_  
by whom? \_\_\_\_\_

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Application must be accompanied by \$500 non-refundable processing fee. Processing Fee will be deducted from the first year's certification fee.

Executive visit fee is \$500.00. This fee must also accompany the application. Please make checks payable to SKO.

## MANUFACTURING FACILITIES

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Facility information ( complete a separate Manufacturing Plant for each facility):

# \_\_\_ of \_\_\_ Facilities (you may submit multiple sheets, make copies if necessary)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Facility Manager: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

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# \_\_\_ of \_\_\_ Facilities (you may submit multiple sheets, make copies if necessary)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Facility Manager: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Describe all the manufacturing process (es) in the facilities

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**PRODUCT INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Are any other product produced in this plan not included in the application? \_\_\_\_Yes \_\_\_\_No

Please provide as much information as available for the product that you wish to certificate.

Application for Kosher Certification

## RAW MATERIAL INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Please list **ALL** raw materials in the facility and specify the ingredients.

Ingredient Name	Product that used	Manufacturing Source	Brand name	How the ingredient is received?	Certifying Agency
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