## **APPLICATION FOR KOSHER CERTIFICATION**

COMPANY:						
ADDRESS:						
PHONE:FAX:						
ABN:						
COMPANY CONTACT:						
TITLE:PHONE:						
EMAIL:DATE OF APPLICATION:						
ACCOUNT PAYABLE CONTACT:						
ACCOUNT PAYABLE EMAIL:						
PRODUCT (S) YOU ARE SEEKING CERTIFICATION FOR						
HAVE ANY OF YOUR PRODUCTS EVER BEEN KOSHER CERTIFIED? YES/NO IF YES, BY WHOM? ARE ANY OF YOUR PRODUCTS CURRENTLY KOSHER CERTIFIED? YES/NO HOW MANY PLANTS ARE INCLUDED IN THIS APPLICATION? (Please attach a separate set of forms for each plant)						
The Kashrut Authority 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 Kashrut Authority by virtue of this application. Submission of this application does not entail any commitment upon the part of the applicant or of the Kashrut Authority in any way until agreement for said purpose is duly entered into by both parties.						
Everything contained in this application is true and correct to the best of my knowledge. The $A\$500.00$ initial inspection fee is enclosed						
Signature:						
Name & Position						

## **PLANT PROFILE**

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) OF THE PRODUCTS.
LIST ALL PRODUCTS AND PROCESSES ON THAT LINE:
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Please use additional sheets if necessary

PLEASE FILL OUT A SEPARATE PAGE FOR EACH PRODUCT. THIS FORMAT DOES NOT NEED TO BE FOLLOWED. YOU MAY USE YOUR OWN DATABASE FORMAT SUCH AS EXCEL ETC.

NAME OF PRODUCT					
INGREDIENT	MANUFACTURER	KOSHER CERT YES/NO	CERT. EXPIRES		

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