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APPLICATION FOR KOSHER CERTIFICATION

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?

Has your company ever had kosher certification: ____ If yes, by whom? _____

When: _____ Have any of your products been certified Kosher? _____

by whom? _____

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: _____

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: _____

___ 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

PRODUCT INFORMATION

Company Name: _____

Address: _____

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.

Product name	Type of Distribution Retail/Industrial/ Passover/Other	Brand Name	In house /Private Label. Specify

RAW MATERIAL INFORMATION

Company Name: _____

Address: _____

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