

# Rabbinical Council of California

3780 Wilshire Blvd. # 420  
Los Angeles, CA 90010  
Phone: 213-389-3382 Fax: 562-286-5235  
[info@rccvaad.org](mailto:info@rccvaad.org)  
[www.rccvaad.org](http://www.rccvaad.org)

Application for  
Kosher Certification  
**PLANT &  
COMPANY  
PROFILE**  
(Form- A)

(PLEASE TYPE OR PRINT ALL ANSWERS.)

Date of Application: \_\_\_\_\_

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

Address (Main/Corp. Office): \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_ (800) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Plant Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the approximate size of the facility?

\_\_\_\_\_  
\_\_\_\_\_

Brand Name(s) of Product(s) to be certified:


Is the Certification requested for:

Retail consumer use

Institutional Pack

Product(s) to be certified is produced:

Year-round     Seasonally:    from \_\_\_\_\_ to \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Have any of your products ever been certified as Kosher?     No     Yes

If Yes, by whom:

Are any of them presently certified as Kosher?     No     Yes

If Yes, by whom:

Do you have more than one plant?     No     Yes - If Yes, please list:


How many plants are included in this application? \_\_\_\_\_ *Please attach a set of forms for each plant.*

Do you package or plan to package the product(s) to be endorsed under Private Label agreement?

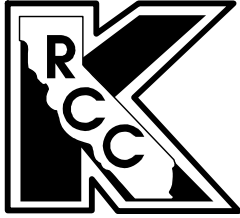
No     Yes

If yes, please list all private label brands:


Do any of the products contain any substances of animal origin?     No     Yes - Please list ingredient(s):


Do any of the products contain any grape or grape derivatives?     No     Yes  
If yes, please indicate:



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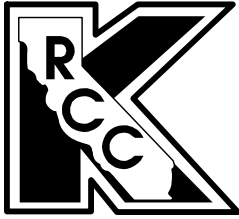
Application for  
 Kosher Certification  
**RAW MATERIAL**  
**SUMMARY**  
 (Form B)

- Please submit a separate Form B for each product to be certified.
- Please list the exact name of the ingredient. (Including all code numbers, letters & digits that are part of the name).
- Please give the name of the manufacturing source exactly as it appears on the label.
- Please submit 'Letters of Kosher Certification' for each ingredient listed (they may be obtained through your suppliers).
- On a separate sheet, please list all other raw materials in the facility whether intended for kosher use or otherwise.
- Please indicate whether the ingredient is Pareve, Dairy or Meat derived (this information can be obtained from the Letter of Kosher Certification).

<b>Product:</b>	<b>Brand Name:</b>	<b>Plant Location:</b>
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Ingredients	Name of Manufacturer & Phone No./Contact Person	Kosher Certifying Organization	Certificate Enclosed		Certificate Expiration Date	Pareve Dairy (D) Meat (M)
			Yes	No		





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Application for  
Kosher Certification  
**PROCESSING  
INFORMATION**

Please identify the ingredients which may be characterized as:

**Emulsifiers or stabilizers:**

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**Preservatives:**

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**Shortening:**

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**Antioxidants:**

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**Gelling Agents:**

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**Derivatives:**

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**Coloring:**

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**Artificial Flavoring:**

Is any alcohol used in the processing of product(s)?  No  Yes

If Yes, is it Grain derived?  No  Yes

Is your product(s) dipped or glazed at any point in the course of processing?  No  Yes

If Yes, in what?

Method of cleansing equipment:

What is the Maximum Temperature reached during cleansing \_\_\_\_\_ °F

Cleansers used:	Mfg. of cleanser:	Cleansers used:	Mfg. Of cleanser:
1.		4.	
2.		5.	
3.		6.	