

# **K.O.A**

## **APPLICATION FOR KOSHER CERTIFICATION**

### PLANT INFORMATION

PLANT NAME:

City:	State:	ZIP Code:	Country:
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Telephone:	Fax:	E-mail:
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Plant Contact, Title:

Telephone:	E-mail:
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### MANUFACTURING PROCESS

Please describe all manufacturing process(es) in the facility:


**THIS FORM IS FOR NON-CERTIFIED COMPANIES AND/OR PLANTS.**

**CERTIFIED COMPANIES SEEKING APPROVAL FOR NEW PRODUCTS SHOULD COMPLETE A "NEW PRODUCT REQUEST FORM"**