



RHODE ISLAND
KOSHER

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**Advised by Vaad HaRabonim
of Rhode Island**

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Kashrus Coordinator

Rabbi Shaul Gallor

Complete this application, together with your processing fee of \$150, to begin the certification process. Please note that completing this application does not obligate Rhode Island Kosher to certify your product, provide kosher supervision services, or authorize use of our certification mark.

Date of Application: _____

Applicant Information

**Company's Full
Name:**

**Name of Authorized
Applicant:**

Applicant Title:

Address of Main Office:

Street

City

State

Zip

Locations of Production Facilities:

If a facility is not situated in a major city, please list the closest major cities and distance to the facility.

1. _____

2. _____

3. _____

4. _____

Product Information

Please list all Brand Name(s) and Product(s) you would like to be Certified:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Product to be Certified as Produced:

- | | |
|--|---|
| <input type="checkbox"/> Year-Round | <input type="checkbox"/> Including Passover |
| <input type="checkbox"/> Seasonally Only | <input type="checkbox"/> Passover Only |

Have any of your product(s) ever been certified as Kosher? _____

If yes, by whom? _____

Are they presently certified as Kosher? _____

If yes, by whom _____

Complete Additional Product Information Sheets for Each Product to be Certified

Master List of Ingredients for Product to be Certified

List Of Products or Ingredients Used	Brand	Manufacturer Name and Address	Supplier Name and Address
1 _____ _____	_____ _____	_____ _____	_____ _____
2 _____ _____	_____ _____	_____ _____	_____ _____
3 _____ _____	_____ _____	_____ _____	_____ _____
4 _____ _____	_____ _____	_____ _____	_____ _____
5 _____ _____	_____ _____	_____ _____	_____ _____
6 _____ _____	_____ _____	_____ _____	_____ _____
7 _____ _____	_____ _____	_____ _____	_____ _____

List Of Products or Ingredients Used	Brand	Manufacturer Name and Address	Supplier Name and Address
8	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
9	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
1 0	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
11	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
1 2	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
1 3	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
1 4	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

List Of Products or Ingredients Used	Brand	Manufacturer Name and Address	Supplier Name and Address
1 5			
1 6			
1 7			
1 8			
1 9			
2 0			
2 1			

List Of Products or Ingredients Used	Brand	Manufacturer Name and Address	Supplier Name and Address
2 2	_____ _____	_____ _____	_____ _____
2 3	_____ _____	_____ _____	_____ _____
2 4	_____ _____	_____ _____	_____ _____

**Complete Additional Product Ingredient Sheets for Additional Ingredients
or for Each Product to be Certified**

Signature of Authorized Applicant Named Above:

**Please return your completed application together with your processing
fee of \$150 to:**

Rhode Island Kosher
401 Elmgrove Ave
Providence, RI 02906

After we review this application, we will contact you. Should you have any questions,
please don't hesitate to contact us by e-mail at Info@RIKosher.org or by phone at 401-
830-3570. We look forward to being of service to you. Thank you for taking the time to
complete this application!