



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 \$75, 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 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.

Product Information

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

Nature of Product:

Reason for Certification Request (check all that apply):

Retail Consumer Use

Institutional

Passover Use:

Product to be Certified as Produced:

Year-Round Use, Excluding Passover

Year-Round

Year-Round Use, Including Passover

Seasonally from _____ to _____

and

from _____ to _____

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	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
2	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
3	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
4	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
5	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
6	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
7	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
8	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

	List Of Products or Ingredients Used	Brand	Manufacturer Name and Address	Supplier Name and Address
9	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
10	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
11	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
12	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
13	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
14	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
15	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
16	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

	List Of Products or Ingredients Used	Brand	Manufacturer Name and Address	Supplier Name and Address
17	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
18	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
19	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
20	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
21	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
22	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
23	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
24	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

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 \$75 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 401-383-2786. We look forward to being of service to you. Thank you for taking the time to complete this application!