



Torah Vachessed Kosher

9730 Hillcroft St., Houston, Texas 77096 - USA

Ph: 832-6595-504 Fax: 713-721-3901

Rabbi Ebrahim Yaghobian - Rabbinic Director.

Information in Spanish: 832-665-0472 832-894-7517

E-mail: kosher@torahvachessed.com www.torahvachessed.org

Date:

COMPANY NAME:

Address:

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone: _____ **Toll Free ()** _____ **Fax:** _____

Company Contact: _____ **Title:** _____

Phone: _____ **E-mail:** _____

Alternate Contact: _____ **Title:** _____

Phone: _____ **E-mail:** _____

Billing Contact: _____ **Title:** _____

Phone: _____ **E-mail:** _____

Company President/CEO: _____ **E-mail:** _____

Please explain why you are seeking certification (i.e. what are your marketing goals?):

Under which category of foods would you list the product(s) (e.g. snacks, fish, acidulates etc.)?

Where did you hear about the Torah Vachessed Kosher (e.g. show, supplier, customer, website)?

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

If yes, by whom:

❖ **Are any of them currently certified Kosher?** Yes No

If yes, by whom:

How many plants are included in this application? *(Attach a set of forms for each plant).*



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Note: Please complete a separate *Manufacturing Plant Profile* page for each facility.

Date:

PLANT NAME:

Address:

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone: _____ **Toll Free()::** _____ **Fax:** _____

Plant Contact: _____ **Title:** _____

Phone: _____ **E-mail:** _____

Alternate Contact: _____ **Title:** _____

Phone: _____ **E-mail:** _____

R&D Contact: _____ **E-mail:** _____

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:

THIS FORM IS INTENDED FOR APPLICATIONS OF NON-CERTIFIED COMPANIES AND/ OR PLANTS. CERTIFIED COMPANIES SEEKING APPROVAL FOR NEW PROUDUCTS SHOULD COMPLETE A NEW PRODUCT REQUEST FORM.

FOR INTERNAL USE ONLY



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PLANT:

LOCATION:

A) Please indicate the geographic areas where you plan to market the product(s):

B) Are any of these products also produced in a plant not included in this application?

Yes No

If yes, where and by whom:

Are any other products produced in this plant? Yes No

C) Please provide the following information regarding products for which you are seeking certification

- I. Please list the name of each product for which you are seeking certification. Check the appropriate column(s) for **Retail** or **Industrial/Institutional** distribution. Please specify if you desire Passover certification
- II. Please list each brand name for the product that you are seeking certification. Check the appropriate column(s) to indicate if the brand name is an **In-House** and / or **Private Label**
- III. **For Private Label brand name:** Enter the name of the Private Label Company that owns the brand name. On the last page of this application, provide the company name, address and contact name

PLEASE SUBMIT A COPY OF A LABEL FOR EACH PRODUCT & BRAND NAME

I. Product Name	Retail	Industrial	Passover	II. Brand Name	In-House	Private Label	III. Private Label Company	For Internal Use Only DPMF

For additional products, continue to the next page. If not skip to page 5 (Raw Material Information Page)



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Plant name

1. List all raw materials in the facility (including release agents, processing aids, antifoams etc.) even if not intended for kosher use.
2. Identify with an asterisk (*) any ingredients intended for use exclusively in products that you do not wish to certify.
3. Submit a Letter of Kosher certification and clearly identify the exact ingredient being used. If you submit via fax, do not highlight. Where no Letter of Certification is available, supply a process flow diagram. Both the ingredient name and source name must match the Letter of Certification.

Definitions:

- RMC#:** List the raw material code, if any, that plant uses internally.
INGREDIENT NAME: Give the name exactly as it appears on the label. Include all flavor and product code numbers
SOURCE: Give the manufacturing source exactly as it appears on label. Do not list distributor or broker unless it appears on label. Include all Plant #'s/USDA#'s or other regulatory, plant mfg. Codes, where applicable
BRAND NAME: List Brand Name exactly as it appears on the label.
BULK: Indicate if ingredient is received in tankers, rail cars, trailers or containers that are not normally refilled.
CERTIFYING AGENCY: Indicate the Kosher certifying agency that certifies this ingredient.

RMC#	INGREDIENT NAME	SOURCE	BRAND NAME	BULK	CERTIFYING AGENCY
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Use the following examples as guidelines



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RMC#	INGREDIENT NAME	SOURCE	BRAND NAME	BULK	CERTIFYING AGENCY

For additional ingredients, please continue to the next page.

RAW MATERIAL – CONTINUATION SHEET