MEOROS APPLICATION FOR KOSHER CERTIFICATION

Please send this completed application to:
MEOROS KOSHER SUPERVISION
764 South Lake Drive, Lakewood NJ 08701
TEL: 732 942 6400 FAX: 732 942 9090

Meoros affirms/agrees that it will not communicate or divulge to any other party trade secrets, formulae, or secret processes used by the Company, conveyed to Meoros by virtue of this application

Submission of this application does not authorize the applicant to Meoros trademark. Authorization will only be given after a contract is executed and a kosher certificate is granted.

Date:____

Name of person authorizing this application______________________________

Company Name____

Street Address____

State________________City__________________________Zip__________

Phone ________________Fax________________Contact-Name______________

Brand name(s) of products(s) to be certified______________________________

Nature of Products____

Plant(s) at which product is made _____________________________________

Other products made at these plants____________________________________

1) Do you store any other ingredients in your plant? ❒ YES ❒ NO
2) Are there any owners of the company who are Jewish? ❒ YES ❒ NO
This question is asked solely to determine if certain Passover procedures must be followed.
3) Does your company have any plants other than those listed above? ❒ YES ❒ NO
4) Does your company use any release agents or processing aids not listed below? ❒ YES ❒ NO
If yes, please add to ingredient list below.
5) Has your company ever been Kosher Certified? ❒ YES ❒ NO
If yes, please specify certifying agency.

INGREDIENT	MANUFACTURER	KOSHER	SEAL STOCK #