

Orthodox Rabbinical Council of British Columbia

401- 1037 West Broadway, Vancouver, BC Canada V6H 1E3 Tel.: 604-731-1803 Fax: 604-731-1804 Email: info@bckosher.org Web: www.bckosher.org

APPLICATION FOR KOSHER SUPERVISION AND PERMISSION FOR USE OF THE B.C.K. SYMBOL

Date:			
Company name:			
Head office address:			
City	Province:	Postal Code:	
Telephone:	Fax:		
Applicants name:		Possition:	
Name of purchasing agent	for raw materials:		
Name of product:			
Cerificate requested for:	Retail Commen	rcial	
When is product produced	? 🗌 All year 📗 Sea	asonally, from:	To:
Have you obtained Kosher	certification in the past?	Yes No	
If yes, by which Kosher age	ency?		
Are your products manufa	ctured/packaged by other	companies? Yes No	
If yes, list product and com	pany:		
Plant were product is man	ufactured:		
Plant #1:			
City	Province:	Postal Code:	
Telephone:	Fax:		
Name of plant manager:			
If plant is not located in a n closest city and distance to			
Are other products (not manufactured at this plant		Yes No	
f yes, is the same equipme	nt used?	Yes No	
If yes, advise brand name a	and product:		

Plant #2:						
City	Province:			Postal Code:		
Telephone:	Fax:					
Name of plant manager:						
If plant is not located in a major closest city and distance to the	-					
Are other products (not to manufactured at this plant?	be Kosher certified)	Yes	□ No	•		
If yes, is the same equipment u	sed?	Yes	☐ No			
If yes, advise brand name and	product:					
PLEASE ATTACH ONE LABEL FO	OR EACH PRODUCT TO	BE KOSH	ER CERTI	FIED		
How did you hear about BC Ko	sher?					
Note:						
The Orthodox Rabbinical Courdivulge or use for the benefit or secret processes used or emvirtue of this Application.	of any other person, par	tnership, a	ssociatio	n or corporation	, any of the t	rade secrets, formulae
Submission and investigation Council in any way, until agree			•	•	n the part of	f the Applicant or the
A processing fee of \$250.00 mu however, initial supervisory exp					•	sory expenses. If
This processing fee is not a Kos	her certification fee.					
For office use only:						
Authorized date:			Authorize	d date:		
Special instructions:						

Complete the following information in respect of products that require Kosher certification:

Brand name	<u>Product</u>	<u>Ingredients</u>

<u>Name/Description of</u> <u>Ingredient</u>	Name of Manufacturer	Name of Certifying Agency	Expiry Date on Letter of Certification	<u>Dairy or Dairy</u> <u>Equipment</u>	<u>Used in</u> <u>Kosher</u> <u>Product</u>	<u>Used in</u> <u>Kosher</u> <u>Equipment</u>