



# Orthodox Rabbinical Council of British Columbia

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## REQUEST FOR KOSHER SUPERVISION

COMPANY NAME: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS WHERE SUPERVISION  
 IS REQUIRED: \_\_\_\_\_

REASON FOR SUPERVISION: \_\_\_\_\_

***For batch runs, please include a list of all ingredients being used and provide Letters of Certification for each ingredient.***

***For canning runs, please attach a list of can codes.***

**PLEASE SPECIFY THE DATE AND TIME FOR SUPERVISION:**

DATE	START TIME	END TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Request must be submitted at least 7 days in advance to ensure availability.***