

Chicago Rabbinical Council

2701 West Howard Street

Chicago, IL 60645

(773) 465-3900 Fax: (773) 465-6929



Kashrus Division

Ingredient Approval Form

Company: _____ Date Submitted: _____

Person Submitting: _____ Phone: _____

Please complete one box for each ingredient

Name: _____	Manufacturer: _____	
Your Ing. Code: _____	Manufacturer's Code: _____	
Check if: <input type="checkbox"/> Bulk (truck or train) <input type="checkbox"/> Certificate Attached		
This item is: <input type="checkbox"/> New ingredient	cRc Use Only	
<input type="checkbox"/> An alternate supplier		<input type="checkbox"/> Approved Cat/Stat: _____
<input type="checkbox"/> A change of supplier		<input type="checkbox"/> Denied Rest/By: _____

Name: _____	Manufacturer: _____	
Your Ing. Code: _____	Manufacturer's Code: _____	
Check if: <input type="checkbox"/> Bulk (truck or train) <input type="checkbox"/> Certificate Attached		
This item is: <input type="checkbox"/> New ingredient	cRc Use Only	
<input type="checkbox"/> An alternate supplier		<input type="checkbox"/> Approved Cat/Stat: _____
<input type="checkbox"/> A change of supplier		<input type="checkbox"/> Denied Rest/By: _____

Name: _____	Manufacturer: _____	
Your Ing. Code: _____	Manufacturer's Code: _____	
Check if: <input type="checkbox"/> Bulk (truck or train) <input type="checkbox"/> Certificate Attached		
This item is: <input type="checkbox"/> New ingredient	cRc Use Only	
<input type="checkbox"/> An alternate supplier		<input type="checkbox"/> Approved Cat/Stat: _____
<input type="checkbox"/> A change of supplier		<input type="checkbox"/> Denied Rest/By: _____

cRc Use Only

____ Entered in Database; ____ Response to company on ____; ____ Sent to Mashgiach