

# Chicago Rabbinical Council

2701 West Howard Street

Chicago, IL 60645

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Kashrus Department

info@crcweb.org

## New Product Approval

Date: _____	
Company: _____	City/State: _____
Name of person Requesting: _____	
Phone: _____	Email: _____

Please fill in the following information as it will appear on the finished product label:

Product Name: \_\_\_\_\_

Brand (if applicable): \_\_\_\_\_ Product Code: \_\_\_\_\_

Check if product will be shipped in bulk (trailer or rail)

Check if this is a retail product

Check if this product being requested for Passover certification

Check here if you **do not** want this product listed in the cRc product directory

## Product Formulation

Please submit the qualitative formula for each new product to be certified via mail, fax or email to your Coordinator in the cRc office. With the submission of this form, your Coordinator will be looking for this submission, and will contact you if it is not received for any reason.

Due to security concerns, we are not able to offer a formula submission service via our web site at this time. We hope to be able to offer this feature in the future, but will only do so at such a time as we can be assured that the privacy of this information can be guaranteed.