

CO-PACK APPLICATION (RPL)

APPLICATION DATE: _____
Private Label Company (Distributor/cRc client) _____

Address: _____

City: _____ State _____ Country _____ ZIP _____

Phone (_____) _____ FAX (_____) _____

Contact Mr./Ms Mrs/Other _____ email _____

Manufacturer _____

Address _____

City _____ State _____ Country _____ ZIP _____

Phone # () _____ FAX () _____

Website _____

Contact Mr./Ms/Mrs./other _____ Title _____

Email _____

Manufacturer is presently under supervision of _____

Is production done at above address? YES NO If not, please list on 2nd sheet

Manufacturer Jewish Owned YES NO

Items to be certified by the cRc: Is item presently manufactured under kosher supervision?

	BRAND NAME	ITEM DESCRIPTION	Is item presently manufactured under kosher supervision?	
			YES	NO
1)			<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>
5)			<input type="checkbox"/>	<input type="checkbox"/>
6)			<input type="checkbox"/>	<input type="checkbox"/>

Please indicate and list any same item that is being produced by the manufacturer under a name other than listed above. The reverse side may be used, if needed.

ID# _____