

PRIVATE LABEL APPLICATION

DATE: _____

PLEASE PRINT CLEARLY

Manufacturer (cRc client): _____

Office/Mailing Address: _____

City: _____ State _____ Country _____ ZIP _____

Contact person: Mr. / Ms / Mrs. Other _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Manufacturing Address (if different than above): _____

City _____ State _____ Country _____ Zip _____

PLEASE PRINT CLEARLY

Private Label Company (Distributor) _____

Address _____

City _____ State _____ Country _____ ZIP _____

Phone # () _____ Fax () _____

Website _____

Contact person: Mr. / Ms / Mrs. Other _____

Title _____

Email _____

Is Private Label company Jewish owned? YES NO (This information is very important and is needed for religious purposes and does not, in any way, affect the outcome of this application)

Items to be certified by the cRc: **PLEASE PRINT CLEARLY**

Brand Name As you want it listed on your kosher certificate	Name of product as you want it listed on your kosher certificate	Product presently cRc certified Y- N	If Certified, what is current corresponding formula

All **new** formulas and/or **new** raw materials, together with kosher certificates must also be included. Formulas and/or raw materials that have been previously approved by the cRc need not be re-submitted. This form must be completed and all information must be sent in order for this application to be processed.

Upon completion, please mail, fax or email this to:

Rabbi Abe Sharp, 2701 W. Howard, Chicago, IL 60645

Fax # 773-465-7219 (note new number) or email to asharp@crcweb.org

There is a one time set up fee of \$100.00 and an annual fee of \$250.00
