

Oregon Kosher

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ועד הכשרות של ארעגאן

Rabbi Leonard Oppenheimer
Executive Director

Rabbi Moshe Wilhelm
Rabbinic Administrator

Rabbi Zalman Krems
Kashrus Administrator

Rabbi Kenneth Brodtkin
Rabbinic Administrator

APPLICATION FOR KOSHER CERTIFICATION PLANT INFORMATION Form #102

For Office Use Only

Category _____
Initial Auth _____
Final Auth _____
Date Cleared _____
Account Number _____

Notes - For Office Use Only

Date of Application: ___/___/___ Company: _____ Plant Name: _____

Address: _____ City: _____ State: _____

Tel: (_____) _____ Fax: (_____) _____ Zip: _____

Plant Manager: _____ Telephone No: _____

Emergency Number: _____ Email: _____

Plant Contact: _____ Job Title: _____

Telephone No: _____ Email: _____

Alternative Contact: _____ Job Title: _____

Telephone No: _____ Email: _____

Regular Visitor Hours: _____ Production Hours: _____

Are Any Products or parts of production including packing subcontracted? (if so, please explain)

Labels are printed by: _____

Address: _____

This application completed by:

Signature & Title _____ Date _____