



BUFFALO VAAD OF KASHRUS

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Work (716) 534-0230

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bvkkosher.com

Internal Use – Application # _____

APPLICATION FORM

COMPANY INFORMATION

Company Name:

Company Website:

Address:

City:

State:

ZIP Code:

Primary Phone:

Date:

Primary Phone of Company Contact (if different than above):

Contact of Quality Control Director (if applicable):

E-Mail of Company Contact:

E-Mail of Quality Control Director (if applicable):

APPLICANT INFORMATION

Name of Applicant:

Title of Applicant:

E-Mail of Applicant:

PLANT INFORMATION (IF DIFFERENT THAN ABOVE)

Plant Name:

Address:

City:

State:

ZIP Code:

Plant Contact:

Primary Phone of Plant Contact:

E-Mail of Plant Contact:

GENERAL

Description of product(s) in need of certification:

Do you do Private / Off-Label production? If yes, do you envision that being part of the kosher program?

Have any of your products, including Private Labels, ever been certified? If yes, please describe:

Are there any products in the facility which you **do not** plan to certify?