

Schedule B



Optional Statement of Qualifications for Persons Certifying Pre-Packaged Kosher Foods

Name of Individual/Organization Certifying Pre-Packaged Kosher Foods: _____

Business Address: _____

City: _____ State: _____ Zip: _____

The following is the certifying organization’s qualifications to certify the Registering Party’s kosher products (for example, the organization’s principles and experience , the background, education, training, experience or other criteria required of the organization’s individual certifiers).

The following is the certifying individual’s background, training, education, experience, or other information that demonstrates the individual’s qualifications to certify the Reregistering Party’s pre-packaged kosher products.