



KATHY HOCHUL
Governor

RICHARD A. BALL
Commissioner

KOSHER CERTIFICATION FORM FOR CERTIFIERS

1. Name of Individual or Organization Certifying Non-Prepackaged Food as Kosher _____

2. Address _____

3. Phone Number (including area code) _____

4. Email Address _____

5. Website (Optional) _____

6. Qualifications to certify food as kosher. This statement may include background, training, education, experience and any other information that shows the certifier's qualifications.

7. I affirm that the information provided above is accurate to the best of my knowledge. False or Misleading information may be considered a violation of Section 201-c of Agriculture and Markets Law. Please write your name and title below if you so affirm.
