



THE VAAD HAKASHRUS OF MIAMI-DADE

### Request For Ingredient Approval

**Date** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Plant Where Ingredients are to be Used:**

**Plant Name** \_\_\_\_\_

**Plant Address** \_\_\_\_\_

**Product Name(s)** \_\_\_\_\_

NAME OF INGREDIENT as it appears on the label. Please include manufacturers product number.	NAME OF MANUFACTURER or DISTRIBUTOR as it appears on label or bill of lading	Is Product received in liquid bulk, trailers, railcars or ships?		Is Letter of Certification (LOC) and/or specification sheet attached?	
		Please check YES	NO	YES	NO

You may mail this form to Kosher Miami, PO Box 403225, Miami, FL 33140 or fax it to (305) 937-2437