KOSHER MIAMI

THE VAAD HAKASHRUS OF MIAMI-DADE

Request For Product Approval

Date _____

Company Name _____

Address _____

City, State, Zip _____

Contact _____ **Phone** _____

Plant Where Products Will be Produced:

Plant Name _____

Plant Address _____

Product Name(s) _____

_____

NAME OF PRODUCT as it appears on the label.	**KOSHER DESIGNATION** Please check				**Copy of Label Included?**	
	Pareve	Dairy	Meat	Fish	Yes	No

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