

STATE OF NEW YORK  
**DEPARTMENT OF AGRICULTURE & MARKETS**  
55 Hanson Place, Brooklyn, New York 11217  
[www.agriculture.ny.gov](http://www.agriculture.ny.gov)

Division of Kosher Law Enforcement  
Phone: (718) 722-2852

**Statement of Qualifications for Persons Certifying Non-Prepackaged Kosher Foods**

**Instructions:** Individuals or organizations certifying any non-prepackaged food or food products as well as meat, meat preparations, meat by-products or poultry as kosher or kosher for Passover are required to file this statement of qualifications with the Department of Agriculture and Markets (Department).

The statement of qualifications is not to exceed 250 words.

Any false statement made herein, in addition to providing a basis for the revocation of your registration as a certifier of non-prepackaged kosher foods, may be punishable under the provisions of Section 210.45 of the Penal Law of the State of New York.

Should you have questions about the information requested, please contact the Department's Director of Kosher Law Enforcement at the phone number above.

Certifier's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Certifying Organization's Contact Person: \_\_\_\_\_

Telephone Number \_\_\_\_\_

**For organizations:** On a separate sheet of paper, submitted as Schedule A to this completed form, please state the organization's principles and experience and/or background, education, training and/or experience required for its individual certifiers that demonstrate the organization's qualifications to certify kosher product.

**For individuals:** On a separate sheet, submitted as Schedule A to this completed form, please state your background, training, education, experience and any other information that shows your qualifications to certify kosher product.

## **Schedule A**

### **Statement of Qualifications**

Please attach.