

# Statement of Rabbinical Supervision

Name of Establishment: \_\_\_\_\_

Name of rabbi or agency: \_\_\_\_\_

Please check one of the following:

Orthodox       Conservative       Reform       Reconstructionist

Other (please specify): \_\_\_\_\_

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

Telephone number (please include area code): \_\_\_\_\_

If affiliated with a rabbinical group, please state its name: \_\_\_\_\_

The rabbi or his/her representative visits this establishment:

\_\_\_\_ times weekly    \_\_\_\_ times monthly    \_\_\_\_ times yearly    \_\_\_\_ less than once a year

We have Hashgocha Timidis. If we represent having Hashgocha Timidis, we define it as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Disclosures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above representations are true. I also certify that information represented on this form is identical to that which appears on its poster counterpart. I am aware that if any of the above statements are willfully false I am subject to punishment.

\_\_\_\_\_  
Signature of dealer

\_\_\_\_\_  
Print name and title of dealer

\_\_\_\_\_  
Date

New Jersey Office of the Attorney General  
Division of Consumer Affairs  
Bureau of Kosher Enforcement  
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