1. OBJECTIVE

The purpose of this procedure is to define the methods and responsibilities for receiving certification applications and carrying out the certification process.

2. DEFINITIONS

Decision Maker: This is the person appointed by the General Manager. They are authorized to make all decisions related to certification.

Audit Team: This is a temporary team selected from among ASCERT audit officers, appointed to review and evaluate organizations' management systems according to the relevant standard, in relation to certification activities, and operating in accordance with ASCERT's operating principles.

3.1. Certification Application

3.1.1 Receiving Applications

Applications for certification are accepted in person or electronically (via fax, email , or the ASCERT website) using the Certification Application Form.

- For EnYS applications, an EnYS Application Verification Form is also required.
- For ISYS (Information Security Management System) applications, an ISYS Application Verification Form is also required.

ASCERT requests the following information from the authorized representative of the applicant customer organization in order to ensure compliance:

a) The scope of required documentation,
b) Detailed information about the applicant client organization includes: the organization's name, site addresses, processes and operations, human and technical resources, functions, relationships, and relevant legal obligations.
c) Information regarding processes used by the organization or carried out outside the organization that may affect compliance with the requirements,
d) The standards or other requirements for which the applicant organization seeks certification,
e) Whether consulting services were sought for the management systems requiring certification, and if so, from whom .

The Planning Officer requests the following documents from the client organization during the application process:

- Signature specimen or signature declaration of the authorized person to sign the contracts.
- Copy of the Trade Registry Gazette
- Tax Certificate
- Current Activity Certificate
- A document demonstrating compliance with relevant legal requirements.
- Employees' Social Security Registration

Documents required for ISO 14001 standard:
Documents proving compliance with the necessary environmental legal requirements (EIA report, environmental permit, etc.)

Documents required for the ISO 22000 standard:
HACCP Worksheet Number, Required legal documents for food safety (Business Registration/Approval Certificate)

Documents required for the ISO 27001 standard:
SOA (Statement of Applicability)

3.1.2. Review of Applications

Certification applications are collected by the Planning Officer. The Planning Officer forwards the Certification Application Form to the Certification Manager for review.

For certification applications to be accepted, management systems must have been implemented for a minimum of 3 months. The Certification Manager reviews the relevant organization's application according to the Certification Request Review Form, ensuring the implementation period of the management systems and the following, and approves it if appropriate:

a) The applicant client organization's knowledge of the management system is sufficient to develop an audit program.
b) To resolve any known differences in understanding between ASCERT and the applicant organization,
c) ASCERT must have the competence and ability to carry out the certification activity (for accredited certification applications, the organization's IAF code/Category/Technical Field, the scope of the application, Auditor and Technical Expert capacity, etc.).
d) The scope to be certified, the time required to conduct on-site audits of the applicant client organization's operations, and other factors affecting the certification process (language, security requirements, threats to impartiality, etc.) must all be considered.

During this review, if the organization does not have an Auditor, Technical Expert, or personnel who can participate in the certification decision in accordance with the IAF code/Category/Technical Field, these personnel and their required qualifications will be specified in the Certification Request Review Form and arrangements will be made to provide them.

At this stage, the audit duration and any reductions or increases in audit duration are explained in the Certification Request Review Form.

If ASCERT rejects an application as a result of the review, it states the reasons for the rejection in the Certification Request Review Form and provides these in writing to the customer upon request.

3.1.3. Submitting a Bid

Following review and approval by the Certification Manager, the Planning Officer submits a proposal to the relevant organization.

The Planning Officer requests the following documents from the client organization during the bidding phase:

- Signature specimen or signature declaration of the authorized person to sign the contracts.
- Copy of the Trade Registry Gazette
- Tax Certificate
- Current Activity Certificate
- Employees' Social Security Registration

Documents required for ISO 14001 standard:

Documents proving compliance with the necessary environmental legal requirements (EIA report, environmental permit, etc.)

Documents required for the ISO 22000 standard:

HACCP Plans for HACCP Study Information

The company must provide the necessary legal documents for food safety (Business Registration/Approval Certificate).

Documents required for the ISO 27001 standard:

SOA

The organization that accepts the submitted proposal is assigned a "Customer Number" by the Planning Officer.

3.1.4. Contract Formation

After the certification application is finalized, the Certification Manager prepares a Certification Agreement in duplicate.

Both copies of the Certification Agreement are sent to ASCERT after being signed by the authorized signatory of the client organization , or the Lead Auditor has the agreement signed by the organization's authorized signatory and forwards it to the Certification Manager.

After the Certification Agreements are signed and returned by the authorized signatory of the client organization, they are also signed by an authorized signatory of ASCERT. One copy of the signed Certification Agreement is sent to the organization, and another copy is kept in the organization's file.

3.1.5. Application for Change of Scope

When responding to an application for an expansion of the certification scope, ASCERT conducts a feasibility study to determine whether the expansion is possible and decides on the necessary audit activities.

If the organization accepts the proposal for scope expansion, a scope expansion audit is planned and conducted. Where appropriate, scope expansion may be carried out in conjunction with a surveillance audit .

If the scope of demand is narrowed, a new certificate is issued without conducting an audit.

3.1.6. Address Change Application

In cases where organizations request a change of address, an address change audit is planned if the organization accepting the request is a manufacturing organization or if an activity affecting the service is carried out at the relevant address and there is a possibility of a change in terms of the requirements of the relevant reference standard.

3.2. Scheduling and Planning Audits

3.2.1. Creation of the Audit Program

The audit program is developed according to relevant standards for the entire certification cycle, including audit activities that require organizations to prove that their management systems meet all requirements.

The audit program includes a two-stage initial audit, surveillance audits in the first and second years, and a recertification audit in the third year before the certificate's final validity date. The three-year certification cycle begins with the initial certification or recertification decision.

In determining the audit program and making any arrangements, consideration is given to the size of the client organization, the scope and complexity of the management system, products and processes, as well as the effectiveness of the demonstrated management system and the results of previous audits.

The Audit Programme is created by the Planning Officer before starting the planning of Phase 1s.

The content of the Audit Program is updated by the Planning Officer following Phase 1, Phase 2, and surveillance audits, based on audit reports or information obtained from the audit team. The initially created and updated Audit Program is forwarded to the Certification Manager after approval by the Planning Officer.

The Certification Manager reviews and approves the Audit Program and forwards it to the Planning Officer for audit scheduling.

If deemed necessary, opinions may be sought from auditors regarding the IAF Code/Category/Technical Field according to the relevant standard.

3.3. Planning of Audits

Audits to be conducted within ASCERT will be overseen by the Planning Officer;

- Applications,
- Surveillance and recertification audits, as well as other brief inspections,

- IAF Code/Category/Technical Field
- Status of Auditors and Technical Experts
- Requests of the organizations

take into consideration The planning is prepared based on the Audit Team Information Form.

3.3.1. Planning the Initial Certification Audits

The initial certification audits of ISO 9001, ISO 14001, ISO 45001 Management Systems 1"are planned in two stages, namely "Stage" and "Stage " (2).2"

During the initial certification audits for ISO 9001, ISO 14001, and ISO 45001 management systems, it may be decided that all or at least part of Stage 1 will be conducted at the client's premises. For this purpose:
ISO 9001 , ISO 14001, and ISO 45001 management systems, a risk group (critical code) is determined.

ISO 9001, ISO 14001, and ISO 45001 management systems, Phase I audits are conducted at the customer's premises.

ISO 9001, ISO 14001, and ISO 45001 management systems, Phase I audits are conducted without visiting the customer's site.

ISO 22000, ISO 27001, and ISO 50001 audits, specifically Stage 1 and Stage 2 audits, are conducted on-site for the client.

The duration of Phase 1 is planned to be 1/3 of the total audit time, and the duration of Phase 2 is planned to be 2/3 of the total audit time.

The time between Phase 1 and Phase 2 is planned based on whether the organization is ready for Phase 2. However, this period should not exceed 6 months. If the time is longer, Phase 1 will be repeated.

In cases where both (2) stages of the initial certification audits are to be carried out at the client's workplace, the date and audit team for Stage 1 are determined first, and the Audit Plan prepared by the Planning Officer is notified to the relevant organization, generally two (2) days before the audit, in order to confirm it.

When deciding on the timeline between Phase 1 and Phase 2, the client's needs are considered in addressing the problematic areas identified in Phase 1. ASCERT reviews its arrangements for Phase 2.

Following the completion of Phase 1, the date and audit team for Phase 2 are determined and notified to the relevant organization, generally two (2) days before the audit, in the form of the Audit Plan prepared by the Planning Officer, for confirmation.

3.3.2. Planning of Surveillance Audits

Surveillance audits are conducted at least once a year. The date of the first surveillance audit following the initial certification is determined so that it does not exceed 12 months after the decision date.

Surveillance audits are planned by monitoring organizations in accordance with the principle outlined above.

Surveillance audits are notified to the relevant organization by the Planning Officer, three (3) months before the end of the 12-month period, by means of the Surveillance Audit Notification Form, for the purpose of confirmation, by determining the audit date.

In order to confirm the agreed date and audit team for the Surveillance Audit, the Audit Team Information Form prepared by the Planning Officer is generally sent to the relevant audit team members two (2) days before the audit.

Then, in order to confirm the audit team for the agreed audit date, the Audit Plan prepared by the Chief Auditor is notified to the relevant organization by the Planning Officer, generally two (2) days before the audit.

3.3.3. Planning Recertification Audits

The dates for recertification audits are determined based on the certificate's validity period.
Recertification audits are planned in accordance with the principles outlined above.
Organizations whose certificate validity period is about to expire are notified by the Planning Officer, three (3) months before the certificate validity period expires, with a Recertification Audit Notification Form, to determine the recertification audit date.

Recertification activities are ensured to be carried out and verified before the expiration of the certification period. If any major nonconformities are identified, the maximum time limit for closing them is considered in order to complete the recertification activities before the expiration of the certification period. ASCERT has defined the time limit for correction and corrective action in its Audit Procedure.

In order to confirm the agreed date and audit team for the recertification audit, the Audit Team Information Form prepared by the Planning Officer is generally sent to the relevant audit team members two (2) days before the audit .

Then, in order to confirm the audit team for the agreed audit date, the Audit Plan prepared by the Chief Auditor is notified to the relevant organization by the Planning Officer, generally two (2) days before the audit.

Recertification audit activities may require Stage 1 when there are significant changes in the management system, the customer, or the conditions under which the management system operates (e.g., changes in legislation).

In such a case, a date for Phase 1 is first set and, for confirmation, the Planning Officer communicates the prepared Audit Plan to the relevant organization.

Then, for the agreed-upon Stage 2 or recertification audit, the audit team is determined and, for confirmation, the Audit Plan prepared by the Planning Officer is notified to the relevant organization, generally two (2) days before the audit.

When deciding on the timeframe between Phase 1 and Phase 2, the client's needs are considered in addressing the problematic areas identified in Phase 1. ASCERT also reviews its arrangements for Phase 2.
If recertification activities are successfully completed before the expiration of the current certification, the validity period of the current certification will be used as the basis for the validity period of the recertification. If requested by the client organization or if there are any requirements (e.g., delay in completing corrective action), the issuance date of the new certification may be the recertification decision date or a later date.

If ASCERT fails to complete the recertification audit or verify that corrective actions have been taken for any major nonconformities before the expiration of the certification, recertification will not be recommended and the validity of the certification will not be extended. In this case, the client organization will be informed and the next steps will be communicated.

If recertification activities are initiated before the expiry date of the current certification, ASCERT may reinstate the certification within 6 months, provided that the remaining recertification activities are completed. The certification date may be the recertification date or a later date, and the validity period will be based on the previous certification cycle.

3.3.4. Planning Short-Term Audits
ASCERT may conduct short-term audits to investigate complaints, respond to changes, or follow up on suspended customers. In such cases, ASCERT;

a) The conditions under which short-term visits will be conducted are communicated to the documented client via the Certification Agreement, and the client is notified in advance of these visits.
b) Because the client will have no chance to object to the members of the audit team, they are more careful in appointing the audit team.

For scope change audits, an agreement is reached on whether they will be conducted as a separate audit or in conjunction with a surveillance audit. Depending on the agreed-upon scenario, planning is done to conduct either a surveillance audit at the relevant organization or an audit covering all clauses of the reference standard that may be affected by the scope change.

When an audit is required due to a change of address, the relevant organization plans to conduct an audit covering all clauses of the reference standard that may be affected by the address change.

Follow-up audits are planned by the organization taking into account the written notification that the corrective actions have been completed. If the completion time for corrective actions exceeds (3) three months, planning is done in such a way that the entire system of the organization is re-evaluated.

If the follow-up audits are not accepted by the certified/certified organization at the end of the period determined for closing the corrective actions, they may be postponed for a maximum of three (3) months and once (1) by the decision of the Certification Manager in case of reasonable and force majeure reasons.

Short-term audits are generally reported to the organization by the Planning Officer, along with the prepared Audit Plan, two (2) days before the audit, for the purpose of confirmation.

3.3.5. Determining Inspection Periods

During the planning phase of audits, in addition to determining the time required for a complete and effective audit, the following factors are considered: the number of employees and the type of audit:

a) The requirements of the relevant management system standard,
b) The complexity of the customer and the management system,
c) The technological and regulatory context,
d) All activities included within the management system, including those outsourced to subcontractors.
e) The results of previous audits,
f) The size and number of sites, their geographical locations, and multiple site assessments,
g) Risks associated with products, processes or the operations of the customer organization,
h) Whether the audits are combined, joint, or integrated.

In all inspections, the number of man-days to be conducted according to the type of inspection, and any reductions or increases in inspection day durations, are determined in accordance with the Inspection Time Determination Instruction.

The duration of follow-up audits is determined based on the nonconformity categories and the number of corrective actions, ensuring it does not exceed the duration of the initial certification audit.

The duration of scope and address change checks is determined in accordance with the decision on how these checks will be conducted (such as a surveillance check).

3.3.6. Audits of Multi-Site Organizations

When a client undergoes multi-site sampling for a management system audit covering the same activities across various sites, ASCERT implements a sampling program to ensure a proper audit of the management system.

For multi-site organizations undergoing initial certification, surveillance, or recertification audits, sample sizes are calculated according to the table below:

Number of Fields (excluding the central office) (1)	Number of Samples for Initial Inspection (2)	Surveillance For Inspection Number of Samples* (3)	Recertification For Inspection Number of Samples (4)	Notes (5)
1-2	100% (all)	(all)	(all)	--
3-4	2	2	2	**
5-9	3	2	3	**
10-25	4-5	3	4	**
26-36	6	4	5	**
37-49	7	5	6	**
50-64	8	5	7	**
65-100	9-10	6	8	**
101-121	11	7	9	**
122-144	12	8	10	**
145-169	13	8	11	**
170-225	14-15	9	12	**
226-256	16	10	13	**
257-289	17	11	14	**
290-324	18	11	15	**
325-400	19-20	12	16	**
> 400	At least 21	At least 13	At least 17	**

(*) If more than one surveillance audit is carried out per year, the number of samples selected is the number obtained by dividing the number specified in column (3) by the number of surveillance audits.
(**) At least 25% of the sample businesses are randomly selected. The remainder are selected from fields that show as much qualitative difference as possible, for a specific time period.

The following criteria are considered when selecting samples:

- Internal audits of the sites and management review or previous audit results,
- Complaints received and corrective/preventive actions taken in relation to these complaints,
- The sizes of the fields,
- Shift work and documentation ,
- The complexity of the management system and the processes managed in the field.
- Changes that emerged after the last certification audit,
- Management system maturity and knowledge about the organization,
- For environmental management systems; environmental issues, environmental aspects and impacts,
- Legal requirements, language and cultural differences,
- Geographic distribution of the sites.

is documented for each customer .

During the initial certification audit, the organization's head office is always included in the audit. The selection of other sites is done randomly, based on the interrelationships of processes, which sites contain critical processes, or which site has the most processes.

If the organization's facilities where it conducts its certification-related activities are not all ready for audit simultaneously, the organization will be asked which facilities are subject to certification, and planning will be done accordingly.

3.3.7. Selection of the Audit Team

The following factors should be considered when deciding on the size and structure of the audit team:

- The IAF/Category/Technical field code of the organization to be audited,
- The audit objectives, scope, criteria, and estimated duration.
- the audit is a combined/ integrated audit,
- Independence of the audit team from the audited activity/organization and conflicts of interest,
- Documentation requirements (including applicable legal, regulatory, or contractual requirements),
- The language used in the monitoring and the social and cultural characteristics of those being monitored.

For all types of audits, when forming the audit team, at least one Auditor must be assigned to the relevant IAF/Category/Technical field code related to the organization's area of activity. If this is not possible, Technical Experts assigned to the relevant IAF/Category/Technical field code related to the organization's area of activity will be assigned to the team.

If part of the audit takes place electronically or the site to be audited is virtual, ASCERT ensures that such activities are carried out by sufficient personnel.

The Chief Auditor, Auditor or Technical Expert who has provided training, consultancy or has a conflict of interest in the organization to be audited within the last (2) two years cannot be assigned to audit the organization.

When assembling an audit team for follow-up audits, where feasible, at least one member from the previous audit team will be included in the new audit team.

3.3.8. Creation of the Audit Plan

The Audit Plan is prepared by the assigned Lead Auditor in a way that enables the Auditors and Technical Experts in the audit team to audit the product/service/process or Standard clauses related to their areas of expertise.
The audit plan is prepared in accordance with the scope and objectives of the audit and includes or refers to at least the following:

a) For audit purposes,
b) Audit criteria,

c) The scope of the audit includes the definition of the organizational and functional units and processes to be audited.
d) Dates and locations where field inspection activities will be carried out (including, where applicable, different locations and remote inspection activities),
e) The expected duration of the field inspection activities,
f) The duties and responsibilities of the inspection team members and accompanying personnel (e.g., observers and interpreters).

When developing an audit plan, the objectives of the audit are determined, the scope and criteria of the audit, including any changes, are discussed with the client organization, and the following are taken into consideration:

- The objectives of the audit describe what the audit will be conducted and include the following:
  a) Using audit criteria, determining the suitability of the client's management system or a part thereof.
  b) Determining the capability of the management system to ensure that the client meets applicable, legal, regulatory and contractual requirements.
  c) Determining the effectiveness of the management system to ensure the client's expectation that the stated objectives can be achieved.
  d) Where appropriate, a description of potential areas for improvement of the management system.
- The scope of an audit defines the boundaries of the audit (e.g., the sites, management units, activities, and processes to be audited). If the initial or recertification process consists of more than one audit (e.g., covering different sites), the scope of each audit may not encompass the entire certification scope, but the sum of all audits must be consistent with the scope in the certification document.

The audit criterion is used as a reference for determining compliance and includes the following:

- The terms of the document defining the regulations regarding management systems,
- Defined processes and documentation of the management system developed by the customer.

3.3.9. Pre-Audit Informing of Organizations and the Audit Team

Prior to the audits, the audited organization is provided with an Audit Information Form, containing the names of the Auditors and Technical Experts who will be part of the audit team, as specified under the relevant headings above. This ensures prior agreement with the client organization regarding the audit dates.

ASCERT provides the client with sufficient time in advance to address any objections regarding the assignment of an Auditor (Lead Auditor, Auditor, External Auditor) or Technical Expert, and, if a valid objection exists, to allow for team reorganization, including necessary background information for the audit team members upon request. If the organization requests changes to the audit team members for reasonable reasons, the Planning Officer will require them to provide written justification. This practice applies to all audit types.

Examples of reasonable justifications include conflicts of interest (such as an audit team member being a former employee or consultant for the organization) or previous instances of unethical behavior.

The Audit Plan is notified to the client organization by the Planning Officer, together with the Audit Information Form , at least two (2) days before the audit date.

When information is received from the organizations indicating that they have confirmed the audit, the Planning Officer informs the assigned audit team members by sending them the Audit Information Form.

The Planning Officer and the Lead Auditor coordinate and work together on activities such as informing the audit team, arranging transportation to the organization, and making accommodation and other arrangements.

3.4. Conducting Audits

Audits are conducted and reported in accordance with the Audit Procedure.

3.5. Review and Documentation Decision

The report prepared by the audit team is not a final decision; it serves as an opinion for the decision-maker.

Before making any decisions regarding certification, including granting, expanding or narrowing the scope of certification, renewing, suspending, withdrawing, or canceling certification, ASCERT conducts a review that includes the following:

a) The adequacy of the information provided by the audit team in terms of certification requirements and scope of certification,
b) Review, approval, and verification of corrective actions or measures for any major nonconformity.
c) Review, approval, and verification of corrections or corrective actions for any minor nonconformities.

Following audits, no recommendation for certification or recertification will be made to the decision-maker until it is guaranteed that all identified major and minor nonconformities have been completely rectified.

After it has been confirmed that all irregularities have been completely resolved;

- Stage 1 Audit Report
- If Phase 1 audit is in the field - Phase 1 Audit Plan
- If Phase 1 audit is on-site - Phase 1 Opening/Closing Meeting Form
- If applicable - Non-conformity Notification Forms
- Observation Form (if available) (For Stage 2 only)
- Audit Report (Phase 2)
- Phase 2 Audit Plan
- Stage 2 Opening/Closing Meeting Form
- Records of any corrective actions/corrective measures, if any.

It is presented to the decision-maker.

The records required for certification or recertification decisions are submitted to the decision-maker by the certification manager.

It is essential that the individuals and members making certification or recertification decisions are different from those conducting the audits.

The individuals and members making certification or recertification decisions confirm the following before making a decision:

a) The adequacy of the information provided by the audit team in terms of certification requirements and scope of certification,
b) For all nonconformities demonstrating the following, the audit team reviewed, approved, and verified the corrective actions and procedures:
    1) One or more requirements of the management system standard have not been met,
    2) Situations where significant doubts arise regarding the client's ability to achieve the targeted outcomes related to the management system.
c) For other nonconformities, the customer reviewed and approved the planned corrective actions and procedures.

-making forms for certification or recertification decisions are prepared by the decision-maker.

The decision-maker, based on the review and evaluation of the organization's file using the Decision-Making Form, makes a decision regarding the certification or recertification of the organization.
The Decision-Making Form is signed by the decision-maker only after a positive decision. The Decision-Making Form is not signed after a negative decision by the decision-maker.

The Decision Maker bases the certification decision on an evaluation of the audit findings, conclusions, and other relevant information (public information, client comments on the audit report).

The decision-maker bases decisions regarding recertification on the results of the recertification audit, the review of the system throughout the certification period, and complaints received from certified organizations.

During the decision-making process, if there are any ambiguities or situations requiring detailed information, the Lead Auditor who prepared the report may be asked for clarification. In such cases, the organization's decision is postponed. The Certification Manager will contact the Lead Auditor to obtain the necessary information.

Following a negative decision by the decision-maker regarding the issuance of the certificate, or the identification of a situation preventing the use of the certificate, the Certification Directorate requests the relevant organization to apply in writing to eliminate the reasons in question and to request a follow-up audit.

3.6. Issuance of the Certificate

Following initial certification audits, monitoring audits, or scope changes, and after the Decision Maker's positive decision regarding certification, the Decision Making Forms are signed by the Decision Maker and the Member and forwarded to the Certification Manager for the issuance of certificates.

The certificate issued contains the following information:

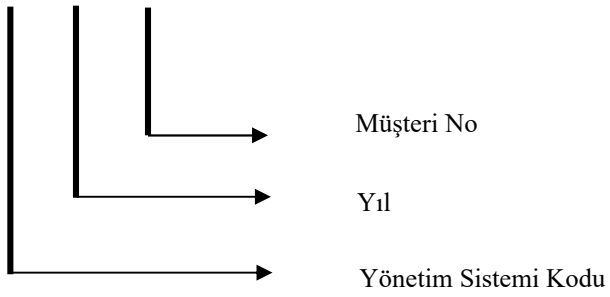
a) The management system includes the name of the certified client, its geographic location (or the geographic location of the head office and the sites covered by the multi-site certification)
b) The certificate's "First Publication Date", "Publication Date" and "Certificate Validity Date",
c) “Certificate Expiration Date” consistent with the recertification cycle,
d) Identification code (Certificate No.),
e) The standard and/or regulatory document , publication and/or revision number used in the audit of the certified client,
f) Where applicable, the scope of certification relates to the product (including service), process, etc.
g) ASCERT's name, address and logo, other logos (e.g. accreditation symbol),
h) Other information stipulated by the standards or documents used for certification,
i) Revised from previous documents. Printing or revising the certification document by distinguishing between the documents .
j) ISO/IEC 27001:2013 Information Security Management System certification requires a Declaration of Applicability (SOA) number.

In the certification of multi-site organizations, the addresses of all sites deemed suitable for certification may be indicated on the certificate itself or in an annex to the certificate, where required.

Upon written request from the organization, ASCERT can prepare and send a certificate supplement detailing the scope of each site.

The following system is used in coding management system certificates:

XYZ



Management System Codes:

KQ	Quality Management System
CE	Environmental Management System
GF	Food Safety Management System
BI	Information Security Management System
EE	Energy Management System
IO	Occupational Health and Safety Management System

In initially issued certificates, the date of the certification decision is written as both "Initial Publication Date" and "Publication Date". Following surveillance and recertification audits, the "Initial Publication Date" on the organization's certificate remains the same, while the "Publication Date" is updated according to the decision date.

The "Certificate Validity Date" is based on the date of initial issuance.

In cases where the certificate needs to be reissued due to changes in scope or address, the "Initial Issuance Date" remains the same, and a new "Issuance Date" is assigned. The "Initial Issuance Date" will be used as the basis for the certificate's expiration date.

Consistent with the recertification cycle, the “Certificate Expiration Date” is written as the day before the one-year date of issuance. (For example: If the issuance date is 05.01.2018, the Certificate expiration date is written as 04.01.2019.)

The issued certificates are signed by the Certification Manager, a photocopy is made to remain at ASCERT, and it is attached to the relevant organization's file.
In cases where the IAF/Category/Technical field codes of the certificate remain unchanged but the scope and address need to be changed, the Decision-Making Forms are signed by the Certification Manager and forwarded to the Planning Officer for the purpose of issuing the certificates, without requiring a decision from the Decision-Maker.
The organization's certificate will be sent via courier or delivered in person against signature after the organization has paid the issued invoice.

Organizations that receive certification are added to the Certified Organizations List by the Planning Officer.

3.7. Maintaining Documentation

ASCERT decides on the continuation of certification based on the client demonstrating that it continues to meet the requirements of the management system standard. The decision-making process for continuation is applied as in the initial certification.

4. REVISION INFORMATION

Revision Date	Revision No	Item No.	Explanation of the Revisions Made
June 10, 2013	01	3.1.1.1	"BQS provides certification services within the borders of the Republic of Turkey, provided that staffing conditions permit."
11.01.2016	02	3.5.7	A method has been defined to distinguish between old and new certificates when revisions are made to certificates.
15.10.2016	03	-	Transition to TS EN ISO/IEC 17021-1:2015
01.02.2017	04	3.10.1	The authority to make the decision to withdraw the document has been defined.
01.02.2017	04	3.7.4	Regulation for planning recertification audits.
01.02.2017	04	3.11	Operational Control has been added.
01.03.2021	05	-	Requirements related to ISO 45001 have been added.
08.11.2025	06	-	General revisions and requirements related to Law 45001 have been added.