



## **ACCREDITATION POLICY FOR AEROSPACE MANAGEMENT SYSTEM CERTIFICATION BODIES**

**(Revised January 2026)**

### **1. Preamble:**

- 1.1 This policy provides the process for **Aerospace Management System Certification Body (ASCB)** accreditation with International Accreditation Service (IAS). The scope of this program is defined by the requirements based on the relevant standards and where applicable, normative standards as listed in sections 2 and 3 of this policy.

### **2. Accreditation Requirements: (Publications listed below refer to current editions unless otherwise stated):**

- 2.1 Applicable International Standards
  - 2.1.1 ISO/IEC 17000 Conformity assessment – Vocabulary and general principles
  - 2.1.2 ISO/IEC 17011 Conformity assessment –General requirements for accreditation bodies accrediting conformity assessment bodies
  - 2.1.3 ISO/IEC 17021-1 Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 1: Requirements
  - 2.1.4 ISO/IEC 17021 series of standards (Discipline specific, as applicable)
  - 2.1.5 AS 9104/1 Rev. A Requirements for Aviation, Space, and Defense Quality Management System Certification Programs
  - 2.1.6 Other specific standards as applicable (refer to normative reference in section 4)
- 2.2 Accreditation Criteria for Management Systems Certification Body – AC 477 (Contains discipline specific standard references)
- 2.3 Rules of Policy for Management Systems Certification Body Accreditation
- 2.4 IAF Mandatory Documents ([https://www.iaf.nu/articles/Mandatory\\_Documents\\_/38](https://www.iaf.nu/articles/Mandatory_Documents_/38))
- 2.5 All applicable IAF MLA Policy documents

### **3. Normative References: Publications listed below refer to current editions (unless otherwise stated):**

- 3.1 AS 9100 Quality Management Systems – Requirements For Aviation, Space And Defense Organizations
- 3.2 AS 9104/1 Rev. A Requirements for Aviation, Space and Defense Quality management system certification programs
- 3.3 AS 9104/2 Requirements for Oversight of Aerospace Quality Management System Registration/Certification Programs
- 3.4 AS 9104/3 Requirements for Aerospace Auditor Competency and Training Courses.
- 3.5 AS 9100 Quality Management Systems - Requirements for Aviation, Space and Defense Organizations
- 3.6 AS 9101 Quality Management Systems - Audit Requirements for Aviation, Space, And Defense Organizations
- 3.7 AS 9110 Quality Management Systems - Requirements for Aviation Maintenance Organizations
- 3.8 AS 9120 Quality Management Systems - Requirements for Aviation, Space, And Defense Distributors
- 3.9 ISO 9000 Quality management systems - Fundamentals and vocabulary
  - 3.10 ISO 9001 Quality management systems – Requirements
  - 3.11 ISO/IEC 17024 Conformity assessment - General requirements for bodies operating

- certification of persons
- 3.12 ISO 19011 Guidelines for auditing management systems
- 3.13 IAS Management System Manual (MSM)
- 3.14 IAF Publications: Publications listed below refer to current editions (unless otherwise stated).
  - 3.14.1 IAF MD 1 IAF Mandatory Document for the Audit and Certification of a Management System Operated by a Multi-Site Organization.
  - 3.14.2 IAF MD 2 IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems
  - 3.14.3 IAF MD 4 IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes.
  - 3.14.4 IAF MD 5 Determination of Audit Time of Quality, Environmental, and Occupational Health & Safety Management Systems
  - 3.14.5 IAF MD 11 IAF Mandatory Document for Application of ISO/IEC 17021 for Audits of Integrated Management Systems (IMS)
  - 3.14.6 IAF MD 17 Witnessing Activities for the Accreditation of Management Systems Certification Bodies
  - 3.14.7 IAF MD 23 Control of Entities Operating on Behalf of Accredited Management Systems Certification Bodies
  - 3.14.8 IAF ID 1 IAF Informative Document for QMS and EMS Scopes of Accreditation
  - 3.14.9 IAF ID 3 IAF Informative Document for Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations
- 3.15 Abbreviations commonly used in this policy and aerospace sector
  - 3.15.1 AA: Aerospace Auditor
  - 3.15.2 AAB: Auditor Authentication Body
  - 3.15.3 AAQG: Americas Aerospace Quality Group
  - 3.15.4 AB: Accreditation Body
  - 3.15.5 AEA: Aerospace Experienced Auditor
  - 3.15.6 AIEA: Aerospace Industry Experience Auditor
  - 3.15.7 ASCB: Aerospace Certification Body
  - 3.15.8 AQMS: Aerospace Quality Management System
  - 3.15.9 CB: Certification Body
  - 3.15.10 IAQG: International Aerospace Quality Group
  - 3.15.11 ICOP: Industry Controlled Other Party
  - 3.15.12 OASIS: Online Aerospace Supplier Information System
  - 3.15.13 OPMT: Other Party Management Team
  - 3.15.14 SMS: Sector Management Structure
  - 3.15.15 TP: Training Provider
  - 3.15.16 TPAB: Training Provider Approval Body
  - 3.15.17 CBMC: Certification Body Management Committee
  - 3.15.18 OASIS: Online Aerospace Supplier Information System
  - 3.15.19 OCAP: Organization Certification Analysis Process
  - 3.15.20 RMS: Regional Management Structure
  - 3.15.21 PBS/RP: Performance Based Surveillance/Recertification Process (PBS/RP)

#### **4. Enquiry and Application:**

- 4.1 Inquiries from ASCB are received by IAS through the website.
- 4.2 Applicant are required to meet following pre-requisites and provide information along their initial application:
  - a) ASCB shall first be accredited to latest version of ISO/IEC 17021 and applicable IAF mandatory documents.
  - b) ASCB shall have been accredited to ISO 9001 certification for at least one year by an IAF MLA signatory AB, prior to submitting an application.
  - c) ASCB shall identify a single fixed office location that has overall responsibility for the implementation of the 9104-series standards requirements, management of the ICOP scheme (refer to Appendix B of AS 9104/1A), certification decisions, auditors (competence, approval, and evaluation), and retained documented information is located.
  - d) ASCB lead (main) office shall formally identified a person(s), either employed or directly contracted, who have responsibility and authority for the design, development, and maintenance of the

- e) implementation of the 9104-series standards.
- e) AQ MSCBs shall grant the right of access to relevant CB documented information and client agreements in accordance with the current AS9104 Standard.
- 4.3 IAS rejects an application for AQMS accreditation for a minimum of 12 months, if accreditation of ASCB is suspended, withdrawn, expired, or the application is terminated in accordance with AS9104/1 by an ICOP scheme approved AB.
- 4.4 Cost estimates are provided to each inquirer and are based off the following information:
  - a) ASCB location and locations of other key activities
  - b) Proposed scope of accreditation and associated witnessing requirements
  - c) Information on transfer of accreditation, if applicable
  - d) After the above items have been determined, the cost estimate is prepared and sent to the applicant.
  - e) Important requirements with special considerations include - IAF MD's 1, 2, 4, 10, 11, 17 and 23
- 4.5 All documentation submitted to IAS must be in English.
- 4.6 All accredited ASCB's are subject to an Annual Renewal fee separate from the assessment fee
- 4.7 All applications to be submitted through the IAS website, [www.iasonline.org](http://www.iasonline.org)

## **5. Receiving application and Resource review:**

- 5.1 Applications are received through the IAS website.
  - 5.2 Application review is intended to ensure that the ASCB's requirements are clearly defined, and that any differences between the ASCB and IAS are resolved before work begins.
  - 5.3 This initial application and resource review are done by the Program Manager or designee.
  - 5.4 Competent assessors with knowledge and understanding of the ICOP scheme, OASIS database, AS 9104/1A, relevant AQMS Standards and industry knowledge will be assigned to perform the assessment.
  - 5.5 AB assessors conducting ASCB accreditation assessments shall have Continuing Professional Development (CPD) of not less than 24 hours in 3 years on the ICOP scheme and applicable ASD industry Knowledge work experience and AQMS standards assessed (refer to AS 9104/3).
  - 5.6 All documentation received by IAS must be in English.
  - 5.7 IAS sends an acknowledgement email to the ASCB. This email and/or invoice acknowledges receipt of the application package, advises the ASCB of the applicant's number, and estimated costs (where requested). The email serves as a record to the ASCB that the application package has been reviewed.
  - 5.8 As part of the application process ASCB shall not issue any AQMS standard certificates with the IAS symbol until the applicant is granted accreditation. IAS can terminate the application process if such conditions are not followed.
  - 5.9 IAS recommends the ASCB to seek accreditation through the ICOP approved accreditation body where the applicant ASCB is operating. If the ASCB accredited by IAS is operating outside the United States of America, IAS notifies ICOP approved AB and the SMS or RMS in the region operating in the ASCB's region of operation.
  - 5.10 Upon granting accreditation, ASCB shall upload information concerning the accreditation granted in the OASIS database. The information uploaded shall include:
    - a) details of ASCB's aerospace lead office.
    - b) ASCB contact information; and
    - c) the AQMS standard(s) that the ASCB is accredited to grant certification
- Note:** Please refer to AS9104/1A: APPENDIX C – USE OF ONLINE AEROSPACE SUPPLIER INFORMATION SYSTEM DATABASE FUNCTIONALITY.
- 5.11 The initial accreditation of ASCB within the ICOP scheme includes the following activities to be completed:
    - a) Documentation review
    - b) Office assessment(s)
    - c) Witness assessment(s)

## 6. Documentation Review:

- 6.1 Once the application, fees and management system documentation are received; the applicant's management system is reviewed to ensure substantial compliance with the applicable requirements of AS 9100 standards, IAS Accreditation Criteria AC477, IAS Rules of Policy and ISO/IEC 17021-1.
- 6.2 IAS assessors conduct the review of any ASCB management system documentation in an impartial and non-discriminatory manner.
- 6.3 If the documentation review determines that the management system documentation is not in compliance with IAS requirements and/or International Standard/Accreditation Criteria requirements, the applicant is notified, in writing, of the findings seeking corrections or amendments.
- 6.4 If there is no response from the ASCB to the review letter within 180 days, IAS management cease further processing of the application.

## 7. Preliminary Visit:

- 7.1 A preliminary visit is optional and can be requested by the applicant ASCB. A preliminary visit assesses the organization to identify gaps between their management system and the standard or accreditation criteria. This is not a consultancy visit as the assessment team only provides determination on what aspects of the management system are not in compliance with the applicable standard or accreditation criteria.

## 8. Agenda Preparation and Assessment Planning:

- 8.1 When the management system is determined to be in substantial compliance with the applicable requirements, an on-site visit to the applicant's main office is scheduled.
- 8.2 IAS requires that activities relating to the implementation of the 9104-series standards, including the initial qualification and performance monitoring of AQMS auditors, application review, assignment of audit teams, review of reports, certification decisions, and the issue of certification documents are all conducted and controlled by a competent person(s) employed or directly contracted (i.e., through a written agreement between the ASCB and a person) by the ASCB lead office.
- 8.3 ASCB is prohibited to outsource any of the activities required by AS9104/1 or deploy these activities to other offices and do not utilize critical locations, as defined by the IAF, as such the critical locations are not recognized by the IAQG or AAQG (**ref: AS9104/1 - 5.3, c**).
- 8.4 The applicant is provided with the names of the assessment team members, including the names of any organizations they are associated with. The applicant ASCB is given an opportunity to object to the appointment of any assessment team member.
- 8.5 When ASCB objects to the appointment of an assessment team member(s), IAS, at its discretion, takes appropriate action that may include replacement of the assessment team member(s).
- 8.6 The lead assessor or IAS staff member contacts the ASCB CAB to arrange the schedule for the visit and provides an agenda of assessment activities.
- 8.7 The assessment team commences the on-site office and witness assessments with an opening meeting and ends with a closing meeting.
- 8.8 IAS shall assess an AQMS PBS/RP file during the office assessment of the AQMS CB, if a PBS/RP approval was granted. and
- 8.9 At least one AQMS PBS/RP client file shall be reviewed during each accreditation cycle, where applicable.
- 8.10 Where a conclusion about a finding cannot be reached, IAS management decision is final.
- 8.11 Any remote assessment utilizing Information Communication Technology (ICT), agreement between IAS and the applicant must be reached before the assessment is planned.
- 8.12 Additional witness assessment depending upon the results of the office assessment completed in (refer to Table 2, 10.4 a & b)  
**Note:** ICOP scheme AQMS surveillance and recertification optional process based on objective evidence and demonstration that a certified organization continually maintains a conforming, effective, and high performing AQMS.
- 8.13 IAS has a defined process for initial accreditation, scope extensions, and approval of Performance Based Surveillance/Recertification Process (PBS/RP). Refer to IAS Rules of Procedure for Management System Certification Body Accreditation IAS/MSCB/002 Sections 2 and 3.
- 8.14 CBs shall apply to their AQMS accrediting AB and obtain approval, prior to implementation of PBS/RP for any client.
- 8.15 CBs shall have processes and maintain documented information for application of PBS/RP for certified

organizations.

**Note:** For further requirements relating to PBS/RP, refer to AS 9104 1A clauses – 3.9, 7.3.1, 7.3.4, 8.5.3.1, 8.5.3.2, 8.5.3.3, 8.5.3.4, 8.5.3.5, 8.5.3.6, 8.5.9.1, 8.5.10.5, 9.2.1,

8.16 IAS assessment program for CBs include:

- a) At least one annual office assessment at the single fixed office location (AS9104/1A, 8.3.1).
- b) An annual assessment of CB AQMS client files in accordance with Table 1 below, as determined during the assessment planning (Client files sampled should be proportional to the types of 9100-series certificates issued by the CB).
- c) An assessment of an AQMS PBS/RP file at the office assessment after PBS/RP approval.
- d) At least one AQMS PBS/RP client file is reviewed during each accreditation cycle, when applicable.

8.17 For multi-site assessments refer to IAF MD 1.

**TABLE 1 - Accreditation body file review requirements of certification bodies**

Total Number of Certificates Issued (All 91xx Standards)	Minimum Number of CB AQMS Client Files to be Reviewed Annually
1-3	All client files
4-25	3
26-50	4
51-90	6
91-150	7
151-280	9
281-500	10
501-1200	11
1201 and above	12

Minimum number of Witness Assessment (WA) days to be performed annually are based on the Table 1 above

**9. Findings-Corrective Action Requests (CARs) & Concerns:**

- 9.1 For all issued CARs or Concerns a mandatory response(s) to IAS within 30 days of submission of the ASCB assessment report is required. The assessment report contains the instructions for responding to CARs or Concerns identified during assessment.
- 9.2 The applicant may request additional time from the lead assessor to respond to the findings. The extension request must contain a plan of action and a timeline to respond to the findings.
- 9.3 Additionally, evidence of effective implementation of actions taken may be requested as a follow-up assessment to verify effective implementation of the corrective actions. All findings, where required, shall provide action containing root cause analysis including any evidentiary attachments, corrective action that has been implemented, reviewed, accepted, and verified, within 90 calendar days of submission of the assessment report.
- 9.4 If the applicant fails to respond and resolve all the CARs and Concerns within 90 calendar days, the process to suspend the existing AQMS accreditation is initiated, and in the case of initial application for AQMS standard accreditation, a process is initiated to terminate the AQMCB's application. The reason for termination of AQMS accreditation is communicated in writing.
- 9.5 The lead assessor packages the following documents and submits them to IAS program manager for review soon after the assessment date.
  - 9.5.1 Assessment Records – Reports including details of accreditation scope, Checklists and Technical Worksheets, Other pertinent communication records as applicable
- 9.6 When ASCB findings are closed, the IAS program manager shall proceed to submit for accreditation decision.

**10. IAS Witness Assessment (WA):**

- 10.1 All IAS witness assessment of CBs shall include, at a minimum, one Stage-1 audit and one Stage-2 audit for the complete AS 9100 series standards.
- 10.2 Competent assessors with knowledge and understanding of the ICOP scheme, OASIS database, AS 9104/1A requirements, relevant AQMS Standards and industry knowledge are generally selected to witness the audit.
- 10.3 If the ASCB is already accredited by another AB and recognized by the ICOP scheme, the witness

- assessment(s) can take place during a surveillance audit.
- 10.4 During one accreditation cycle and within the scope of each ASCB's accreditation, the following witness assessments are completed:
- each accredited AQMS standard is witnessed at least once; and
  - each ASCB certification cycle audit stage (i.e., Stage 1, Stage 2, surveillance, recertification) is witnessed at least once.
- 10.5 The number of witness assessments for each standard is approximately proportional to the number of certificates issued for each standard.
- 10.6 Witness Assessments (WA) shall be a minimum of one audit day.
- 10.7 WA includes a review of the completed CB audit report for each audit witnessed, including AS 9101 forms.
- 10.8 Remote WA shall be performed when assessing CB remote audit activity and must be in accordance with IAF MD4.
- 10.9 Witness Assessments (WA) includes as many different types of certification scopes and different AQMS Authenticated Auditors (AAs), as available.

**Note 1:** Some examples of the different certification structures are QMS office and WA of CB level 3 (ISO/IEC 17021-1), level 4 (ISO/IEC 17021-3) and level 5 (ISO 9001) for audits such as joint, combined or integrated audits.

Some examples of the different certification scopes are Code 3 Food products, beverages and tobacco, Code 4 Textiles and textile products, Code 6 Wood and wood products.

**Note 2:** Where an authenticated AQMS auditor competency/misconduct issue is identified at all times, in relation to AQMS certification audits, and when deemed appropriate by an IAS, IAQG / AAQG representative, and/or ASCB; the results of aerospace witness assessments and associated data must be shared with the Auditor Authentication Body (AAB) responsible for the subject auditor's aerospace authentication..

**Note 3:** For number of annual witness assessments requirement as per AS9104/1 (refer to Table 2 below).

**TABLE 2 – Requirements for Accreditation Body Witness Assessment (WA) of aerospace quality management system audits**

Number of CB Audit Duration Days in the Past 12 Months at the Time of WA Planning	Minimum Number of AB WA Days to be Performed Annually
0-150	2
151-300	4
301-450	6
451-600	7
601-800	8
801-1000	9
1001-1200	10
1201-1400	11
1401-1600	11.5
1601-1800	12
1801-2000	13
2001-2500	15
2501-3000	17.5
3001-3500	20
3501-4000	22
4001-4500	24
4501-5000	26
5001-5500	29
5501-6000	31
6001-6500	33
6501 and above	35

\* Or the minimum number of annual WA days shall be in accordance with the following formula: rounded up or down to the nearest whole day:  $0.0046 \times (\text{CB Auditor Duration Days}) + 4.575 = \text{Total AB WA Days}$



## 11. Decision on Accreditation:

- 11.1 Once the assessments are completed, IAS prepares the completed assessment package for the decision.
- 11.2 Personnel making the decision shall have adequate knowledge and understanding of the ICOP scheme, OASIS database, AS 9104/1A, relevant AQMS Standards.
- 11.3 IAS requires mandatory verification of OASIS data entry and validation prior to granting any accreditation. Accreditation decisions will not proceed unless the CAB has uploaded and validated all required audit data in OASIS.

**Note:** Refer to section 10 of the IAS ASCB program management procedure (PMP) for the full decision-making process.

## 12. Surveillance and Reassessment (Remote and Onsite options):

- 12.1 In addition to IAS Accreditation Criteria AC 477, Rules of Procedure for Management System Certification Body and this policy for the accreditation of Aerospace Quality Management System Certification Bodies, the following also apply:

- 12.1.1 The assessor selection and assessment processes are similar to planning and conducting initial assessment.
- 12.1.2 The surveillance and reassessment of the ASCB's multisite accreditation includes, at a minimum:
  - a) one annual office assessment of the lead office that includes a review of CB client files as listed in Table 2
  - b) a number of annual witness assessments as listed in Table 2.

- 12.2 Where ASCB competency or conformity issues are identified by IAS, the number of visits to the ASCB may be increased until confidence of competence and conformance is re-established. This is at the discretion of IAS.

- 12.3 Use of any remote assessment utilizing Information Communication Technology (ICT) must be agreed between IAS and the ASCB. Where required, IAS can opt to conduct partial file reviews by remote access when all the following ASCB arrangements are in place:

- a) All client records are electronic and accessible remotely
- b) Sufficient remote access is provided to IAS assessor for viewing certification records

**Note:** The records include granting access to associated application, quotation, auditing, calculation of audit duration, the certification decision, and any of the AQMS auditor's competence and demonstration of competence records.

- c) The IAS assessor is appropriately oriented to the ASCB's document and records management system
- d) Client files are to be performed prior to the scheduled on-site assessment; and at least two client files be verified on-site

- 12.4 Decision on surveillance and reassessment accreditation follows section 11 of this document.

## 13. Scope Extensions:

- 13.1 Extensions to IAS scope of accreditation are requested via email from the ASCB.
- 13.2 Request for scope extension may include addition of:
  - a) new sub scopes
  - b) specific AS or other aerospace standards.
- 13.3 Based on the AQMS standards requested, either a remote or an onsite scope expansion assessment is planned and follows the processes described in sections 4, 5, 6, 7 and 8 of this policy.
- 13.4 For extension of ASCB accreditation scope (for certification based on AS 9110, AS 9120 etc.), IAS requires the following:
  - a) The initial accreditation for AS 9110 certification includes:
  - b) An office assessment to confirm compliance to ASCB's documentation and auditor competency related requirements

- c) Witness assessment(s) including Stage 1 and Stage 2 audits in accordance with AS 9104/1A and other related standards.
- 13.5 In the case of scope extensions, IAS communicates to the CB/IAQG SMS or RMS and updates the OASIS database within 10 days.

**14. Follow-up Assessment:**

- 14.1 As determined by IAS, follow-up assessments of an ASCB are conducted in accordance with the processes described in sections 2,3, 5, 6, 7 and 8.
- a) Verify required actions for compliance with IAS accreditation criteria.
  - b) Review any accredited organization displaying serious deficiencies during its previous assessment.
  - c) Validate any changes to the ASCB legal and organizational structure such as a change in ownership, scheme requirements, key personnel or other significant management system changes.
  - d) Investigate a complaint received by IAS.
  - e) Generally, all assessments are onsite but under special or extraneous circumstances IAS may consider remote visit.
- 14.2 When significant issues related to ASCB competency or conformity are identified, IAS may increase the number of visits to ASCB until confidence of competence and conformance is re-established.

**15. Administrative Renewal Fees:**

- 15.1 After each first year of accreditation, the accredited ASCB is sent a renewal notice. This is separate from the assessment fees.
- 15.2 IAS Administrative staff sends a reminder through to the accredited ASCB of their upcoming renewal fees (administrative renewal) and creates a record in CRM.
- 15.3 Renewal Notice/Fee consists of:
- 15.3.1 Basic application fee includes AS9104
  - 15.3.2 Additional standard fee is required for other AS9100 standards such as AS9100, AS9110, AS9120 (refer to scope count field in CRM)
  - 15.3.3 Certificate fee – calculated based on number of certificates issued and maintained by the accredited organization.
- 15.4 The administrative staff verifies renewal status for each accredited ASCB annually.
- 15.5 Assessments are not scheduled until the administrative renewal is complete.

**16. Accreditation Suspension, Scope Reduction or Withdrawal:**

- 16.1 When the accreditation of ASCB for ISO 9001 certification is suspended or withdrawn, IAS suspends or withdraws accreditations for all AQMS accreditations (i.e., AS9100, AS9110, AS9120) and the following actions are taken by IAS:
- a) Informs in writing to the ASCB the reasons for the suspension or withdrawal.
  - b) CBMC or IAQG/AAQG is notified within five business days
  - c) OASIS database is updated within ten business days to reflect any change in ASCB accreditation status.
  - d) All other IAQG recognized ABs are informed on withdrawal and the reasons for the withdrawal.
- 16.2 In addition to SOP 13 requirements for accreditation suspension, the following conditions also apply:
- 16.2.1 ASCBs accreditation is suspended:
- a) When the required annual assessments of an ASCB is not permitted to be conducted.
  - b) When an ASCB is not correctly applying the definitions of corrective action requests, as defined in the 9101 standards.
  - c) When an ASCB has not taken verifiable correction and corrective action to eliminate the cause(s) of a nonconformity.
- 16.3 The actions and relevant decision are communicated to the IAQG / AAQG or relevant RMS, and the process is completed within 60 calendar days and documented.
- 16.4 When an ASCB is suspended the following actions are required:
- a) Notify existing and applicant AQMS clients of its suspended status and any consequences that may have an impact on the client, within 15 calendar days of the date the suspension decision was issued to the ASCB.
  - b) Continue performing required surveillance and recertification audits.
  - c) Cease conducting any planned Stage 1 audits for initial certification.



- d) Cease conducting any certification scope extensions.
  - e) Stop accepting any AQMS certificate transfers of clients from other ASCBs.
  - f) Obtain a documented agreement from the IAS defining the conditions and controls for the issuance of any client certification (new or recertification), during the suspension period, to ensure the credibility of the certification.
  - g) Upon request, provide the IAS and/or IAQG / AAQG with a documented list of any certifications (new or recertification) issued during the period suspension; and
  - h) Adhere to any other conditions that may be imposed by the IAS as a result of the suspension.
- 16.5 IAS initiates the withdrawal process for AQMS accreditation when ASCB fails to conform to requirements above.
- 16.6 Where suspension exceeds 3 months then IAS refers to the IAQG / AAQG or relevant RMS for review. If the suspension exceeds 6 months from the date of the suspension decision, IAS considers withdrawing accreditation to all AQMS standards.
- 16.7 Where the accreditation of an ASCB is withdrawn or has expired, IAS provides a maximum of 6 months validity on the accreditation certificate or expiration date of the ASCB or until client AQMS standard certificate expires (whichever is earlier). This is to allow eligibility for transfer of ASCB's client certifications to other ASCBs in accordance with accreditation requirements (e.g., IAF MD 2, AS 9104/1 and IAS accreditation criteria).
- 16.8 When IAQG / AAQG or CBMC recommend to IAS the suspension of an ASCB's accreditation, IAS reviews the supporting evidence and in accordance with SOP 13 and makes a decision. This is the responsibility of the IAS Program Manager. The process is completed within 60 calendar days and the action taken is documented and communicated to the IAQG / AAQG or CBMC.
- 16.9 In the case of suspension or withdrawal of accreditation, IAS communicates to the CB/RMS/IAQG/AAQG and updates the OASIS database within 10 days.
- 16.10 Direct Suspension and Withdrawal of ASCB by IAQG/AAQG
- 16.10.1 In case of suspension of an ASCB by IAQG/AAQG due to a lack of objective evidence of conformance to or serious breach of the requirements of AS 9104/1, then IAS submits its corrective action addressing the breach to IAQG/AAQG within 90 days of notification.
  - 16.10.2 IAS withdrawal of accreditation gives the ASCBs 6 months to seek accreditation with another IAQG/AAQG approved Accreditation Body or they will have their IAQG/AAQG recognition withdrawn.
  - 16.10.3 If IAQG/AAQG recognition of an ASCB is withdrawn due to withdrawal of accreditation by IAS, then the affected certifications are eligible for transfer.
  - 16.10.4 The actions and resolutions associated to an IAS suspension is defined by the IAQG/AAQG and communicated through the IAQG OPMT to the other IAQG sectors.
- 16.11 IAS will notify SMS/RMS. IAQG OPMT:
- 16.11.1 When a single deviation is granted to CB regarding a justified "Force Majeure" event or for an unforeseen extraordinary event (reference IAD ID3).
  - 16.11.2 Before a blanket deviation is granted to CBs, prior approval is obtained from the IAQG OPMT, regarding a justified and ongoing "Force Majeure" event or for an unforeseen extraordinary event (reference 6.3. 1.f of AS 9104/1A).

## **17. Complaint and Resolution Process**

- 17.1 All stakeholders can send feedback to IAS using the OASIS database feedback process. This feedback may address ASCB performance, complaints, or other issues/concerns.
- 17.2 If the IAS determines that a short notice assessment is necessary, this assessment is completed within 90 calendar days of the complaint.
- 17.3 When a complaint is received, a corrective action process is established providing for containment activities such as the relevant conformance to the applicable standard is re-established, corrective actions identified, root cause analysis undertaken and a completion date for the implementation of all corrective actions is defined.
- 17.4 If the complaints concerning the requirements of AS9100 series of standards under IAS accreditation cannot be resolved, it is then where applicable, referred to the IAQG and/or AAQG.
- 17.5 If any issues cannot be resolved between affected parties, then the matter is escalated to the next level of authority within the ICOP scheme (refer to Table 3 below).
- 17.6 All complaints are also handled in accordance with the requirements of this policy.
- 17.7 Complaints may require an issuance of a nonconformance to the CAB after investigation regardless of parallel communication with third parties/complainants.

- 17.8 Every complaint closure received has a documented resolution plan, including evidence of CAB feedback and final closure within a set timeframe (to be determined by the IAS).
- 17.9 Complaint cases are not closed or deferred without the approval of the Program Manager or designate.
- Note: All participants in the IAQG ICOP scheme shall report conduct that adversely affects the integrity of the scheme to the appropriate entity(ies).

**TABLE 3 – Complaint Resolution Escalation Matrix**

If complaint is against the:	Certified Organization	Auditor	IAQG Member Company	AB	CB	RMS	SMS
The issue shall be elevated to:	CB	Assessor's Organization	SMS or RMS	SMS or RMS	AB	SMS	IAQG OPMT

## **18. IAS Obligations:**

- a) Documented information and data in the form of audit reports, nonconformities, checklists, or other company specific information, generated by the application of this standard, shall be considered confidential (also referred to as proprietary or sensitive) between the parties generating, collecting, or using the data; and be managed as such, except as required by law.
  - b) Access to documented information required by the ICOP scheme, shall be available to the IAQG OPMT, SMS, or RMS (if applicable) for evaluating operation of the scheme and conformance with AS 9104/1A standard.
  - c) Records demonstrating conformance to the ICOP scheme requirements of the 9104-series standards shall be retained for a minimum period of ten years
  - d) IAS provides IAQG/AAQG/SMS/RMS and applicable regulatory authorities the 'right of accesses' to all IAS and ASCB records and information related to the implementation and maintenance of the ICOP scheme, including IAS and ASCB activities associated with the 9104-series standards requirements and recognition by IAQG/AAQG.
  - e) IAS ensures that the 'right of access' is communicated to its AQMS IAQG sector accredited ASCBs. This access includes information or records pertaining to IAF Peer reviews of IAS.
  - f) IAS reports annually to the IAQG / IAQG OPMT/SMS/RMS the following information in relationship to the ICOP scheme for each accredited ASCB:
    - i) date of last ASCB office assessment and witness assessment, including classification (i.e., Corrective Action Request as major and Concern as minor) and quantity of nonconformities identified;
    - ii) any increase in IAS assessments and available performance information (e.g., complaints, suspensions, improvement plans).
  - g) Strengthen roles and accountability by assigning a dedicated function responsible for monitoring CAB performance and initiating escalation without waiting for periodic audits.
  - h) Enhance feedback loops by implementing a structured feedback mechanism requiring IAS to notify CABs of identified issues within a defined timeframe (e.g., 10 business days), rather than deferring until audits.
- 18.1 IAQG member company representatives and other ICOP scheme participants shall be in compliance with local and national laws and anti-trust regulations.

## **19. Organizational Certification Analysis Process (OCAP)**

- 19.1 CBs are required to determine the AQMS scope and associated certification audit program and also conduct as risk assessment for certification within the ICOP scheme.
- 19.2 OCAP tool shall be used by CBs to determine the audit duration requirements as outlined in Clause 8.5.1.6.3/Table 8 of AS 9104/1A. It should include both onsite and offsite time.
- 19.3 OCAP Risk analysis shall be carried out per the requirements outlined in clause 8.5.1.5 of AS 9102/1A Standard.

## **20. Integrated Management System Audits**

- a) For IMS audits, CBs shall conduct it in accordance with the requirements of IAS MD11.
- b) OCAP risk analysis shall address the level of integration of the Management Systems.
- c) Audit duration shall be calculated as outlined in the clause 8.5.2.1 of the AS 9104/1A standard.

**21. Online Aerospace Supplier Information System (OASIS) Database Requirements**

- a) Data entered in the OASIS database needs to be correct and accurate.
- b) AS 9101 audit summary results and publicly available data shall be entered in the database in the English language.
- c) CB needs to withdraw all the certificates issued from the database upon withdrawal of the accreditation status.
- d) OASIS database shall not be used for social media, personal messaging, or for advertising and marketing purposes.
- e) IAS will initiate and maintain AB and CB accreditation information and data requirements in the OASIS database

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