

National Accreditation Scheme

Rules of Procedure for the assessment phase of the accreditation, extension of scope, extraordinary surveillance and surveillance procedures

NAR-01

Edition 7

Approved by:	Csaba Bodroghelyi Deputy Director General
--------------	--

Responsible for preparation:	Dr. József Szegő General department head
Consistency of content reviewed by:	Hajnalka Tőke Quality Manager
Legal compliance:	dr. Krisztina Lilla Kanyó legal desk officer

Table of Contents

1.	Purpose of the Regulation	4
2.	Personal and material scope	4
3.	Definitions.....	4
4.	Description of the Rules/Regulation	5
4.1.	Requirements Serving as the Basis for Accreditation.....	5
4.2.	Application for accreditation.....	7
4.3.	Accreditation procedure	8
4.4.	Renewal of the Accredited Status	13
4.5.	Extending the Scope of the Accredited Status	14
4.6.	Reducing the Scope of Accredited Status	14
4.7.	Suspension of the Accredited Status	15
4.8.	Withdrawal of the Accredited Status	16
4.9.	Surveillance.....	17
4.10.	Handling changes	20
4.11.	Management of complaints and applications for legal remedy procedures	21
4.12.	Obligations	21
4.13.	Rights.....	26
5.	Related rules of procedure and rules of law	27
6.	Annexes.....	28
7.	Forms.....	29
8.	Others	29

List of amendments

Amendment date	Edition	Amended sections
	REASON FOR AMENDMENT, CONTENT OF CHANGE	
15 January 2016	Edition 1	
	Transformation of NAT – NAH, transition of legislation	Chapters 1-17 Recommendation for the Form and Content of the Application for Accreditation
25 April 2016	Edition 2	
	Transition of corrections in legislation	Chapters 1-19
25 June 2016	Edition 3	
	Corrections, specifications in the order of procedures	Chapters 1-4., 6-8., 13., 17-20
31 March 2017	Edition 4	
	Transition of changes in legislation, transition of EA corrections, comments by the Accreditation Council, changes in drafting/editing	Chapters 1-17 Annexes M1 – M5
15 June 2017	Form related amendment	Front page and contents
10 July 2017	Edition 5	
	Changes in 4.2. and 5.1.8.	Electronic administration
28 May 2018	Edition 6	
	The Rules of Procedure has been fully re-structured	The total document
	Separate edition of NAR-01 annexes, amendment of a number of points due to changes in legislation and the standard	Transition of changes in Standard MSZ EN ISO/IEC 17011:2017 and Act CL of 2016
31 July 2018	Edition 7	
		Correction of EA non-conformities (NC#1) 4.9.1.2

1. Purpose of the Regulation

These Rules of Procedure regulate the procedures on new accreditation, renewal of accreditation, extension of scope, regular and extraordinary surveillance (hereinafter: official procedure) performed by the National Accreditation Authority (hereinafter: Authority or NAH), applicable to those applying for accreditation and/or accredited organisations and natural persons.

2. Personal and material scope

The provisions of these Rules shall be applied as of their entry into force. Publication on the website of the Authority (www.nah.gov.hu) shall constitute as publication of these Rules of Procedure. To issues not regulated in these Rules, the provisions of Act CXXIV of 2015 on national accreditation (hereinafter: Natv.), Government Decree No. 424/2015. (XII. 23.) (hereinafter: Government Decree) on the National Accreditation Authority and the accreditation procedure shall be primarily applied. In case Natv. and the Government Decree do not establish special rules, the provisions of Act CL of 2016 on the general rules of administrative proceedings (hereinafter: Ákr.) are applicable.

These Rules are applicable to procedures launched after 28 May 2018.

3. Definitions

Concepts used in these Rules:

Client

Organisations and natural persons applying for accreditation, or accredited organizations or accredited natural persons.

Official procedure

Procedures for new accreditation, renewal of accreditation, extension of scope, regular and extraordinary surveillance pursued by the Authority and applicable to the Clients.

Accreditation scope

Specific conformity assessment activities for which accreditation is sought or has been granted (according to ISO/IEC 17011)

Root cause

The real cause of a problem, the remedy of which will certainly eliminate the reoccurrence of the non-conformity, furthermore, we can also prevent a number of other potentially occurring non-conformities.

Assessment Team (AT)

Group of persons having expertise in the fields the application for accreditation is concerned with, appointed by the National Accreditation Authority, in the assessment phase, in the accreditation, extension of scope of the accredited status, surveillance and extraordinary surveillance procedures. The Assessment Team is headed by the lead assessor, the assessors and experts can be the members.

Assessment phase

A phase of the accreditation, extension of scope of the accredited status, surveillance and extraordinary surveillance procedure, during which the Assessment Team audits and assesses if the customer applying for accreditation is competent, and if it is in compliance with all the applicable accreditation requirements.

Decision-making phase

Part of the accreditation, extension of scope of the accredited status, surveillance and extraordinary surveillance procedure following the assessment phase, in the course of which the accreditation organ passes a decision on the award, maintenance, extension, reduction, suspension, withdrawal of the accredited status or rejection of the application for accreditation.

Concepts of conformity assessment are contained in Standard MSZ EN ISO 17000, concepts of quality control are contained in Standard MSZ EN ISO 9000, whereas concepts used in the different accreditation categories are contained in the applicable conformity assessment standards (e.g., ISO/IEC 17025, ISO/IEC 17065, etc.).

4. Description of the Rules/Regulation

4.1. Requirements Serving as the Basis for Accreditation

4.1.1. Accreditation requirements applicable to Clients

Standards, rules of law (hereinafter: normative documents) containing the requirements applicable to Clients enlisted in the Act on national accreditation (Naty.) are published on the website of the Authority (www.nah.gov.hu). In the absence of compliance with the accreditation requirements, the accredited status cannot be granted, and/or it cannot be maintained. In addition to the accreditation requirements laid down in Standard ISO/IEC 17011 ‘Conformity assessment. General requirements for accreditation bodies accrediting Conformity assessment bodies’ (hereinafter: Standard) and other normative documents, the Authority also applies in its procedures the documents of mandatory use by the European Cooperation for Accreditation (EA), the International Laboratory Accreditation Cooperation (ILAC), the International Accreditation Forum (IAF), the Forum of Accreditation and Licensing Bodies (FALB). The documents containing the international accreditation requirements are published by the European co-operation for Accreditation (EA) in document ‘List of EA Publications And International Documents’ (EA-INF/01) and the list therein is regularly updated. The EA-INF/01 can be found among the publications on the EA website (<http://european-accreditation.org/publications>). The Authority may also prescribe the use of guidelines prepared by international, European or national standardizing, metrological or other professional bodies. In addition to the accreditation requirements specified in the normative documents, the Clients shall also meet these profession specific requirements and guidelines of mandatory use, as well as the contractual requirements of their own clients. Information on these conditions can be found on NAH website at the following link below: http://www.nah.gov.hu/NAR_Dokumentumok (within this link, the currently valid and effective requirements are displayed in the accreditation categories).

When international (not in Hungarian language) standards or normative documents are used, the organisation shall ensure for the employees to understand and implement those. (E.g., extract or work instruction in Hungarian language shall be available in line with language skills).

The rules of law, conformity assessment programmes may establish separate requirements for the Clients.

The Authority gives information on the mandatory specific requirements and guidelines, and deadline of their application on its website.

In areas legally regulated, legislation may provide for further requirements.

In respect of admission of new accreditation activities and introduction of changes in accreditation requirements, the Authority proceeds in accordance with the applicable Rules (NAR-35).

The accreditation requirements, specific requirements and guidelines are regularly reviewed by the international and European standardization organizations, the European and international accreditation organizations and the Authority. Clients are informed of the changes in requirements by the Authority on its website.

Special requirements of the different accreditation categories (according to the names in 424/2015) are contained in the following annexes:

Accreditation category	Annex ID
Testing laboratory	NAR-01-01
Calibration laboratory	NAR-01-02
Inspection body	NAR-01-03
Management system certification body	NAR-01-04
Persons certification body	NAR-01-05
Product certification body	NAR-01-06
Sampling organisation	NAR-01-07
Proficiency test provider	NAR-01-08
Medical testing laboratory	NAR-01-09
EU ETS verifier	NAR-01-10
Reference material producer	NAR-01-11
EMAS verifier person / EMAS verifier organisation	NAR-01-HU-V

4.1.2. Requirements applicable to the Authority

The Authority performs its accreditation activity based on the Standard, Regulation No. 765/2008/EC, national legislation (Natv., Ákr. and Government Decree) and the rules and documents on mutual recognition of EA, ILAC, IAF.

4.1.3. Outsourcing the activities of the Authority

The Authority does not perform any outsourcing in respect of its accreditation activity.

4.2. Application for accreditation

Accreditation can be applied for by Clients enlisted in the Act on national accreditation, if, at least 3 months prior to the submission of the application they operate in conformity with the rules of law applicable to their activities, the legal acts of general effect and directly applicable of the European Union as well as the requirements in these Rules of Procedure. NAH gives an opportunity to new applicants prior to the submission of their application for accreditation to have a coordination meeting with a representative of NAH on the interpretation of the application concerning the information according to the Standard published on its website.

Clients may submit their application for accreditation to NAH by submitting Form NAD-103-XX via post or electronically. The Authority gives information on its website (www.nah.gov.hu) on the admission of applications for new accreditation scopes, on new Forms and on how to fill in applications. The forms to be completed can be downloaded from the website of NAH. The Client hands over the documents to the Authority together with the obligation of filling in Form NAD-240.

In the case of a foreign Client, the Authority also considers Regulation No. 765/2008/EC, ILAC-G21 Cross Frontier Accreditation – Principles for Avoiding Duplication, IAF MD12, Guidance on Cross Frontier Accreditation and EA-2/13 M EA Cross Frontier Policy for Cooperation between EA Members and will proceed according to the Act on national accreditation (Naty.). In the assessment phase of the procedure, the procedure will be performed on the basis of the audit plan sent by the foreign Client. NAH undertakes to perform an audit in 3 months' time.

When requests are received from countries outside Europe, the Authority may apply a special order of procedure depending on the content of the request.

When admitting a request, the Authority examines, on the basis of the Standard, the professional competence and competence in respect of requirements of other standards of the organisation submitting the request, and also examines its resources for the performance of the procedure. The Authority will always refuse in writing the request if it is not relevant for its accreditation activities enlisted in the Act on national accreditation (Naty.) or may refuse it if it is not prepared yet for the accreditation of the requested scope.

Introduced accreditation areas are contained in the effective annexes of these Rules of Procedure.

Steps of introduction of new accreditation areas are contained in the applicable rules of procedure (NAR-35). The plan for the introduction of new areas / scopes is published in a statement on NAH's website.

Requests for integrated management systems can be submitted if the Client provides an opportunity for the assessment of witnessed audit in the assessment phase.

Applications for transition to a standard or transfer from/to another country will be handled by NAH according to separate rules published on its website.

When NAH becomes aware of proofs of fraudulent, deceptive, misleading attitude, false information or hiding information, the application will be rejected or the procedure will be terminated according to the time of occurrence of the proofs.

4.3. Accreditation procedure

4.3.1. Receipt and review of the application

NAH performs the accreditation procedure according to the applicable rules of the Act on national accreditation (Ntv.), the Government Decree, the Act on the general rules of administrative proceedings (Ákr.) and the provisions of the Standard. In the procedure the Authority takes into account the requirements of international bodies, and proceeds in accordance with the requirements in the Standard.

The accreditation procedure consists of an assessment and a decision-making phase. These Rules of Procedure contain a description of the assessment phase. The process of the decision-making phase is discussed in Rules of Procedure NAR-85.

The time available for completing the assessment phase is 100 days. The assessment phase starts on the day following the day of registering the application by the Authority and ends when the order closing the assessment phase is passed.

The application for accreditation together with its annexes is registered and reviewed by the Authority. The Authority, depending on the results of the review

- rejects the application in the cases determined in Ákr., within 8 days, without examination on the merits of the application, by issuing an order, or
- if necessary, calls on the Client, within 8 days dated from the receipt of the application, for the submission of the missing data by setting a deadline of maximum 30 days in an order, or
- decides on launching the procedure (establishes the administrative service fee of the procedure, appoints the lead assessor, assessors and experts, as necessary to conduct the procedure (hereinafter: Assessment Team) and orders in 8 days the site audit to be performed,
- if an application is received for a new accreditation area, the Authority examines according to the provisions laid down in separate rules of procedure if the resources necessary to perform the procedure are available.

The Client may request

- the extension of its scope to be accredited before the receipt of the order appointing the Assessment Team;
- in a special case: the Authority may accept the modification of the application, if the modification of the application to extend the scope to be accredited does not require the modification of the Assessment Team, and if during the quality management document assessment of the application for accreditation it is possible for the Assessment Team to assess the modification of the application;
- the reduction of its scope to be accredited during the procedure at any time;
- decide differently (e.g., may withdraw its application) in accordance with Ákr. until the decision passed on the subject of the application becomes final.

At the beginning of the assessment phase, the Authority reviews the application, and, if necessary, calls on the applicant, within 8 days dated from the receipt of the application, to submit the missing data by setting a deadline of maximum 30 days. In the request for submission of missing data, the

Authority calls on the Client to submit paper-based documents in one copy (or electronically). The time between the call by the Authority and the time when it is fulfilled shall not be included in the administration time.

If, in spite of the call, the Client fails to submit missing data by the deadline that has been set, and did not use the opportunity to submit an excuse either, the Authority will terminate the procedure on the basis of the applicable paragraph of Ákr.

An independent appeal may be submitted as laid down in Ákr. against the order terminating the procedure.

4.3.2. Determination of the fee, appointment of an Assessment Team, ordering an audit to be performed

Following the admission, review of the application - and fulfilment of the submission of missing data according to the Government Decree - the Authority appoints an Assessment Team in an order to perform the accreditation procedure, and it conducts the assessment by compliance with the provisions in the Standard. When selecting the Assessment Team members, the Authority considers the competence criteria in the Standard and in Rules of Procedure NAR-06.

When selecting the activities for the assessment, the Authority examines the risks related to activities sites and personnel covered by the scope of accreditation. NAH determines the composition of the assessment team with attention to the competence requirements in Rules of Procedure NAR-06.

When considering the risks relating to the activities, sites and persons, the Authority proceeds as follows:

- when selecting the activities, attention is paid to the technical areas included in the application,
- when selecting the activity, attention is paid to the number of staff employed (including external auditors and internal auditors alike, and the top management),
- decides in a team on the establishment of acceptable risk levels,
- decides in a team on the further steps to terminate the unacceptable risk level.

The Authority informs the Client in an order on the composition of the Assessment Team, the fee payable for the procedure and on ordering the site assessment to be performed.

In respect of the site audit, the assessment team and other activities and areas presumed to be critical, NAH performs a risk assessment in the frame of its internal quality management regulation.

The Client may, within 8 days of receipt of the order, object to the members of the Assessment Team, if the applicant finds a reason for the disqualification of the member in question as determined in the Government Decree or Ákr. In the event of a well-based motion for objection the Authority will appoint a new assessor or expert.

An independent appeal may be submitted to the Legal Remedy Office of the Authority against the order determining the administrative service fee, on the basis of Ákr., within 15 days dated from the date of receipt of the order.

4.3.3. Document review

The Authority will forward the Client's documentation to the members of the Assessment Team.

The Assessment Team will perform the assessment of the documentation submitted by the Client in accordance with the requirements of the Standard. During the assessment, the team assesses if, on the basis of the documentation, the Client complies with the general and special accreditation requirements published in these Rules of Procedure and on the website of the Authority, uncovers deficiencies and non-conformities.

The Authority informs the Client on the opinion of the Assessment Team, who can eliminate the disclosed deficiencies, non-conformities until the time of the site assessment.

4.3.4. Site assessment

Before starting the site assessment, the Authority determines the date and the audit plan necessary to assess the competence of the Client. The audit plan is compiled by the accreditation desk officer of the Authority with attention to the provisions in NAR-25. The plan shall contain the scope, number and locations (sites) of the main and related activities to be presented and witnessed site audits in such a way that when the audit takes place, on a representative proportion of the scope applied for and the staff performing the activity thereon – in particular in the critical areas and activities –, the Assessment Team can become ascertained about the competence (proficiency and skills) of the Client, adequacy of its activity, fulfilment of all clauses of the applicable standard and the fulfilment of the conditions of accreditation on the full scope of the technical area audited by sampling method.

The Authority informs the Client of the date and plan of the site assessment.

During the site assessment, the Authority is represented by an employee of the Authority or by a lead assessor appointed by the Authority.

The Assessment Team assesses the activities of the Client on every site according to the criteria laid down in NAR-25, where the Client performs the main activity or related activities (e.g. storage of equipment or documents). The Authority establishes the date of the audit(s) with a view to have the assessment phase completed within the administration deadline. The audit plan is sent by the Authority to the Client at least 5 days before the audit. Upon well-founded request of the Client, the date identified can be modified on one occasion. If the Client does not make it possible to conduct the site assessments on the new dates, the Authority will terminate the accreditation procedure by issuing an order based on Ákr.

When performing the assessment of remote sites, the Authority may also apply remote assessment or the competence of the staff may also be assessed at some other site.

During the audit, the Assessment Team examines the operation if it is in line with the quality control documentation, if the Client complies with the general and special requirements of accreditation published on the website of the Authority in the scope detailed in the application and to be accredited, and whether the Client applies in its operation the guidelines enlisted in these Rules of Procedure and if it possesses the required competence in the area to be accredited.

During the site audit, the Assessment Team applies the following components of assessment procedure.

- on site audit of offices/laboratories/sites: audits conducted at the site where the Client carries out the activity to be accredited or any part of it, in the course of which the Assessment Team applies varied assessment tools depending on the accreditation category, in particular

aa) observation/witnessing of the pursuit of specific activities (assessment of presented activities),

ab) review of documents of earlier performed activities (vertical assessment),

ac) assessment of the professional knowledge of the staff by way of targeted questions (interview).

- witnessed audits: observation and assessment of the Client during activities undertaken at the site of other organizations (e.g. external sampling, on-site testing or calibration, inspection, product and management systems certification or surveillance audit, examination)
- proficiency tests or inter-laboratory comparisons: assessment of the results of participation therein (testing laboratory, calibration laboratory, inspection body).

The Client shall have a contractual agreement with its Customers, where the Assessment Team of NAH witnesses the Client's activities. It is necessary to stipulate in the agreement that the partner of the Client must tolerate the presence of the Assessment Team of the Authority during the assessment. With respect to external assessors of NAH (EA), following separate written notification, and after preliminary agreement the Client has to allow NAH to have a site audit.

The Assessment Team performs the audit in accordance with the requirements of the Standard and the audit plan. Any deviation from the plan shall be recorded by the Head of the Assessment Team in the assessment opinion by giving the reasons. At the audit opening meeting, the Assessment Team presents the purpose of the assessment, the requirements of accreditation, confirms the scope and schedule of the assessment. The Assessment Team collects objective evidence of the competence of the Client and its compliance with the relevant standards and other accreditation requirements in the scope of accreditation. The Assessment Team has the scope to be accredited confirmed in the assessment opinion and has it accepted by the representative of the Client.

During the audit, the Assessment Team prepares an expert opinion and records the explored non-conformities and deficiencies in non-conformity reports. The Assessment Team will hand over the copies of the non-conformity reports to the Client at the closing meeting of the site assessment. At the closing meeting the Client may comment on the reports. In case the Client does not accept the non-conformities documented in the non-conformity reports, the Assessment Team shall attempt to come to an agreement with the Client. In case their efforts fail, the Assessment Team informs the Authority about this fact in the expert opinion.

Following the on-site audit, the Client – if it agrees with the content of the non-conformity reports – shall lay down in writing the root causes and what measures it is planning to take to eliminate the recorded non-conformities, deficiencies, and this shall be sent to the Authority.

The Authority sends the root cause analysis to the Assessment Team for approval and informs the Client of the result electronically. Subsequently, the correction shall be performed by the Client and sent to the Authority.

The Client may eliminate the deficiencies and non-conformities until the site assessment is completed.

In the procedures the findings of the Assessment Team shall be classified as follows:

- **Major non-conformity (JNM):** system fault that hinders conformity with the normative documents, or an identical non-conformity or non-conformity with a similar nature occurring at least on three occasions, or a failure occurring repeatedly. Major non-conformity means that the introduced system is not in compliance with its own objectives, nor with the accreditation requirements, and poses a direct threat to the compliance of the activities and/or the efficiency of the system. The Client must perform root cause analysis and must carry out the correction of the deficiencies, non-conformities. Marking in the non-conformity report: 2.
- **Minor non-conformity (ENM):** sporadically occurring non-conformity, non-conformity not affecting the operation of the system significantly. The non-conformity is limited to a certain activity and its occurrence does not have an immediate impact on the compliance of the entire activity and/or the efficiency of the system. The Client shall take measures to correct the deficiencies, the non-conformities. The Client shall perform root cause analysis and shall carry out the correction of the deficiencies, non-conformities. Marking in the non-conformity report: 1.
- **Comment (É):** deviation, which is not an obstacle to conformity, but affects efficiency, or a comment not sufficiently followed up which may later lead to a non-conformity. The Client may use the observations as a component to continuously improve development strategy. The Assessment Team shall formulate its comment in the section Assessment Team expert opinion, improvement/areas to improve.

When all non-conformity reports are available, the Authority will invite the Client in an order to take measures to eliminate the non-conformities recorded in the non-conformity reports following the on-site assessment (on the day following the last on-site assessment in case of more than one assessment) and to submit evidence of the measures completed. The Client has a total of 30 days for root cause analysis and corrections. The time elapsing between the date of the site assessment and the provision of evidence on non-conformity is not considered in the administration time available for the Authority. The Client may have consultation on the root cause analysis it has prepared and the planned corrective actions on one occasion in writing with the Assessment Team during the 30 days correction time.

At the time when the Client submits evidence and information to prove that the corrective actions have been taken, the Assessment Team will check – possibly by means of a repeated site assessment – whether the measures taken by the Client were sufficient and effective to eliminate the non-conformities, deficiencies and whether all information is available for the decision-making. Repeated site assessment can be performed when the documents submitted are not sufficient in themselves, do not provide sufficient evidence to prove the performance of correction, and the performance of another check in the form of a site assessment becomes necessary.

Following the site assessment, or the check of the measures taken to eliminate the deficiencies, non-conformities in case such deficiencies, non-conformities were recorded, the Assessment Team prepares an expert report on the accreditation procedure, which also contains the Team's proposal for accreditation and the precise scope of accreditation.

By involving the lead assessor and eventually, if necessary, members of the Assessment Team, the accreditation desk officer prepares the coverage certificate on the procedure and the cycle programme in accordance with the effective Rules of Procedure NAR-25 until the assessment phase is closed. Site audit; during the witnessed site audit, when necessary and sufficient audit time is calculated, the

accreditation desk officer of the Authority considers the following aspects and the effective Rules of Procedure NAR-25:

- each critical scope (if relevant) shall be covered,
- (characteristic) activities performed with high frequency,
- (non-characteristic) activities performed only rarely,
- size of the scope,
- (outsourced) activities performed by newly involved role players or by external enterprise,
- any other activities that are critical.

The date of the site audit and the witnessed site audit shall be defined by the accreditation desk officer and the lead assessor, with the involvement of the Assessment Team, if necessary.

Calculation of the audit time is detailed in Rules of Procedure NAR-25.

4.3.5. Closing the assessment phase

The Assessment Team hands over the documents and documented information generated in the procedure to the Authority. The Authority reviews the documents, documented information generated in the procedure. The Authority issues an order on the completion of the assessment phase and the suitability of the application for decision. If the report on the results of the assessment is different from the results communicated in the course of the assessment, the Authority will inform the Applicant in writing of this fact. The Authority submits the documents generated in the procedure together with the proposal of the Assessment Team to the subsequent meeting of Accreditation Committee for passing a decision.

4.4. Renewal of the Accredited Status

When decision is made on an application for the renewal of an accredited status, the rules on granting accreditation must be applied in accordance with the Government Decree.

The Authority appoints assessors and experts to the Assessment Team who preferably did not participate in the previous accreditation cycle. If there is no way to do so, the Authority should more thoroughly check the impartiality of the members of the Assessment Team before appointment.

Based on the data, documents and documented information of the previous cycle, NAH performs a risk analysis on each activity and area perceived as critical in the framework of regulation of internal quality control.

The application for the renewal of the accredited status can be submitted one year before the expiry of the accredited status the earliest. The application can be submitted even if other procedures are in process (extraordinary surveillance, extension of accredited scope), parallel with them.

In the re-accreditation procedure, the Authority determines the components of the assessment and their areas necessary for passing a decision on competence in function of the activities assessed in the previous accreditation cycle. In the re-accreditation procedure, **all** requirements of the accreditation standard applicable to the conformity assessment organisation shall be demonstrated. In the re-accreditation procedure, the Authority may decrease the number of sites visited or the assessment of the entire area with attention to the performance of the Client in a former, previous cycle.

Eight months before the expiry of the accreditation, the Authority notifies the applicant of the due date of re-accreditation¹, which as an official notification also includes the administrative service charge calculated by NAH what the Client has to pay. The calculation of the fee is in line with the requirements laid down in the application for accreditation section of these Rules of Procedure.

4.5. Extending the Scope of the Accredited Status

The Client may request in writing the extension of the detailed scope of the accredited status stated in the decision and enlisted in its detailed scope of accreditation. Pursuant to the Government Decree, the request for the extension of the scope of accreditation will be judged in accordance with the rules on granting accreditation, with the following exceptions:

- if the Client declares in an officially signed document that no change has taken place in any of the documents to be submitted and enlisted in the Annex to the Application
- if the documents have already been submitted to the Authority in relation with another procedure (accreditation, surveillance, extension of scope) prior to the submission of the application, repeated attachment of the unchanged documents is not necessary.

The procedure to extend the scope of the accredited status cannot be combined with a surveillance or extraordinary surveillance procedure.

During the period of the suspension of the accredited status, the procedure to extend the scope of the accredited status cannot be carried out, the admission of the application shall be suspended by the Authority until the suspension of the accredited status is terminated.

The validity of the extended scope of the accredited status will be identical with the validity of the original accredited status.

The application for extension of scope can be submitted also for the extension of the flexible accredited scope in accordance with the requirements in Rules of Procedure NAR-31.

4.6. Reducing the Scope of Accredited Status

The Client may, in accordance with the Government Decree, request in writing the reduction of the detailed scope of its accredited status stated in the decision and enlisted in the detailed scope of accreditation. In the application, the scope of reduction shall be requested according to and in the same form as in the last valid detailed scope of accreditation. The Authority will reduce the scope of the accredited status as requested in the application, without applying discretion in an official procedure.

¹The Authority recommended that the application should be submitted at least half a year before the expiry of the accredited status.

4.7. Suspension of the Accredited Status

On the basis of the opinion of the Accreditation Committee or ex officio, the Authority shall, in accordance with Natv. and the Standard, suspend the accredited status partially or fully if

- a well-founded objection is raised in connection with the activity of the Client, which, however, is not so severe as to justify the withdrawal of the accredited status in accordance with the applicable European or international standards,
- the Client fails to make the documents necessary for the surveillance available to the accreditation organ by the deadline,
- the surveillance is completed with a result which justifies suspension,
- the accredited organization or natural person itself requests the suspension,
- the accredited organisation does not arrange a witness site audit for the Assessment Team at the site of a Client (witness).

The Authority will set out in the decision on suspension the conditions and deadline for the termination of the suspension, and will also draw the attention of the Client to the termination of claims obtained as a result of accreditation (use of the accreditation mark, references to the accredited status, posting of certificates) and to the legal consequences of their continued use.

The decision of the Authority is executable irrespective of the appeal launched. The Authority publishes the decision on its website on the date when the decision is made.

In case the accredited status was suspended due to breach of procedural rules and the Client fulfilled the requirements necessary for the termination of suspension before the deadline, the Authority terminates suspension on the basis of the opinion of the Accreditation Committee.

In case the accredited status was suspended due to the result of the surveillance (according to points b) and c) of Section 9 (1) of the Act on national accreditation), the Authority decides on whether the conditions necessary to terminate the suspension are available and on the maintenance of the accredited status in an extraordinary surveillance procedure.

In case the accredited party fails to fulfil the requirements necessary for the termination of suspension before the deadline, the Authority will partially or fully withdraw the accredited status on the basis of the expert opinion of the Accreditation Committee.

During the term of suspension of the accredited status, the Authority performs no procedures.

NAH applies discretion to determine the duration of the suspension of accredited status but it cannot exceed a term of 6 months.

Upon the request of the accredited organisation NAH suspends the accredited status for a term as requested by the organisation.

The Authority communicates the conditions for the termination of suspension in the decision on suspending the accredited status. The Authority may order the performance of a site audit to check the conditions.

The Client may submit a complaint in any section of the procedure, and in the cases defined in Ákr. an independent appeal may be submitted; furthermore, a request for judicial review may be submitted against the decision on the substance of the case. The NAH Rules of Procedure on complaint and

other requests for legal remedies are contained in the effective Rules of Procedure NAR-54 which is available on NAH's website.

4.8. Withdrawal of the Accredited Status

The Authority shall, in accordance with Natv. and the Standard, withdraw the accredited status partially or fully in a decision if

- a serious and well-founded objection is raised in connection with the activity of the Client with regard to the relevant European or international standards,
- the Client does not enable a surveillance which falls due to be undertaken, or hinders it,
- a change has taken place in the circumstances serving as the basis of the accreditation, which results in the fundamental requirements of the accreditation not being met,
- the accredited status has been suspended and the conditions for the termination of the suspension have not been met by the Client by the deadline stipulated,
- the accredited organization is terminated without a legal successor, or the accredited natural person dies,
- the Client itself requests the withdrawal of the accredited status,
- the Client failed to apply for surveillance within 2 months following notification by the Authority,

With consideration to IAF MD 7 IAF mandatory document, the Authority fully withdraws the accredited status of an accredited organisation if it is proven that the accredited organisation

- acts unfairly,
- deliberately violates the accreditation rules.
- in case of provision of false information, facts, statements if fraudulent behaviour has been supported by evidence, or if a conformity assessment body deliberately provides false information concerning the accreditation status of the accredited party or for the purpose of obtaining or maintaining it, or it is hiding information.

With consideration to IAF MD 7 IAF mandatory document, the Authority fully withdraws the accredited status of an accredited organisation, if, according to these Rules of Procedure, following the suspension of its accredited status, the corrective actions and root cause analysis by the organisation are not acceptable.

The decision of the Authority is executable irrespective of the appeal launched. The Authority publishes the decision on the website of the Authority on the date when the decision is made.

In the event of changes in the requirements, the European and international organizations of accreditation may determine a transitional period upon the expiry of which the accredited status of the Clients not in compliance with the new requirements shall be withdrawn by the Authority upon the recommendation of the Accreditation Committee.

The Authority will publish on its website the transition schedule of the Standard.

The Client may submit a complaint in any phase of the procedure, and an independent appeal in the cases determined in Ákr.; furthermore, may also submit a request for judicial review of the decision on the substance of the case. Rules of NAH on the complaints and other legal remedy application are contained in the valid Procedure NAR-54 which is available on NAH's website. According to Rules of Procedure NAR-85, legal remedy may be requested against the decision of the Authority.

4.9. Surveillance

4.9.1. Regular Surveillance

4.9.1.1. Application review

The Authority will monitor the prevalence of the circumstances serving as the basis for granting the accredited status and the competence of the Client in the framework of regular surveillance. The regular surveillance procedure consist of an assessment and a decision-making phase. The time available for completing the assessment phase is 65 days. The administration time for the decision-making phase is 15 days.

During the 5-year period of the accredited status, the Authority shall conduct regular surveillance on 3 occasions in order to monitor whether the Client is in continuous compliance with the accreditation requirements. The accredited organization is obliged to submit a request for surveillance within one year from the granting of the accredited status for the first time, and after that every second year in a way that the time that elapses between the on-site assessments may not be longer than two years.

Requirements of international standards and other normative documents applicable to Clients in the scope of accreditation will be assessed on the basis of the accreditation cycle programme compiled with attention to the risks.

The Authority will determine the date of the surveillance procedures based on the regulation of standards or international prescriptions, former activities of the organisation, stability of its management system and its performance that it has had so far. The Authority will inform the accredited organisation of the deadline for the submission of application. Following the first accreditation cycle, the date of the first surveillance may be determined earlier as a result of risk assessment.

The Authority will notify the Client of its obligation to initiate surveillance, also providing the data necessary for the payment of the fee, 60 days before the expiry of the submission obligation, therefore, this period is available for the submission of the application.

Following the receipt of notification, the Client should select the date of submission of the request with a view to be able to perform the site assessment (e.g., with attention to holidays, end-of-year holidays). The witness assessment may exceptionally be held in the frame of a preliminary verification visit if on the scope related to the surveillance of the Client the witness assessment may not be performed for objective reasons during the time of the surveillance due to the nature of the activity being the subject of surveillance (e.g., suspension of the activity, stoppages at Client, legislative requirements, weather conditions, arranging witness assessments).

If the applicant fails to submit an application and fails to pay the fee of the procedure in 60 days, based on Natv. the Authority withdraws the accredited status.

In case of transition to a new standard (in order to certify the transition), the applications for surveillance with a date other than the due date of the surveillance is considered surveillance and the Authority charges a surveillance fee.

In the surveillance procedure, the Authority assesses the major changes reported by the Client before the submission of the application or the non-major changes reported in the application, furthermore, the change of the site, provided that it does not involve the increase of the number of sites.

If the Client fails to submit the documents necessary for the surveillance procedure in 60 days following the notification from Authority and the administrative service fee, or submits those incompletely, the Authority will call on the Client to submit missing information within 8 days. The period which elapses between the issuance of the order and the fulfilment of the measure indicated therein shall not be included in the Authority's administration time. The time used for missing information is included in the total of 30 days available for missing information, therefore the time available after the site assessment is decreased thereby. In case of fulfilment beyond the 30 days, the accredited status is suspended by the Authority.

4.9.1.2. Site audit

The Authority performs surveillance in accordance with these Rules of Procedure.

Documentation review is performed when changes are reported or in case of transition to a standard.

In the course of the surveillance the Assessment Team will examine that

- the circumstances serving as the basis for granting the accredited status continuously prevail,
- Detailed identification of the accreditation scope,
- the changes which might have taken place in the documentation conform to the general and special accreditation requirements stipulated in these Rules of Procedure and published on the website of the Authority,
- application of the documents of mandatory use,
- the competence, and the conformity of the activity of the Client, in case of testing laboratories, the participation in and results of the proficiency tests by the assessment of a representative proportion of the accredited scope and the staff of the Client.

During the accredited status, the Authority prepares an accreditation cycle programme for the areas to be assessed with attention to the requirements of the Standard. The Authority determines the components of the assessment procedure by selecting the sites, the staff and the accredited scope on the basis of a risk assessment and assesses the competence of the Client by the observation of those components. Based on new information, the programme may be modified during the accreditation status. The rules applicable to the individual accreditation cycle programme tailor-made to the given Client and the rules applicable to the preparation of the programme are contained in the Rules of Procedure NAR-25. The Assessment Team will apply the components of the assessment procedure with attention to the result of previous assessments (accreditation, surveillance).

The Authority – in agreement with the Assessment Team - determines the date and the plan of the site assessment(s) which is sent to the Client. In the plan, the Authority informs the Client of the following:

- in case of multiple sites, on which site(s) the surveillance will take place;

- which part of the accredited status will be subject to the surveillance with attention to the fact that during the accreditation cycle all areas pertaining to the scope of accreditation must be surveyed;
- the area(s) and final deadline for witness assessments.

If the Client does not enable the on-site assessment(s) to take place on the dates determined, the Authority partially withdraws the accredited status based on Natv.

4.9.1.3. Preliminary verification

Preliminary verification can exclusively be applied if the Client notifies the Authority of the activity in writing, at least 30 days before the date of the activity to be witnessed, and if justified, the Authority orders the preliminary verification to be performed, also appointing the assessor, expert (hereinafter: assessor) to perform the assessment.

The assessor will make a report on the preliminary verification visit and record the non-conformities and deficiencies in a non-conformity report. The Client shall notify the Authority in writing in five days following the preliminary verification visit of what corrective actions it is planning to take in order to eliminate the recorded deficiencies and non-conformities. The execution of the measures planned to eliminate the non-conformities, deficiencies is assessed by the Authority during the next surveillance process.

Preliminary verification is an opportunity for the Client to demonstrate its competence in case of integrated management system certifications and seasonal activities in particular. The Client shall organise witnessed assessments by adapting them to the accreditation cycle and the date of the surveillance procedures in order to enable the completion of the procedures by the deadline following the performance of all the planned assessments.

If the Client fails to submit its declaration on the measures before the expiry of the deadline, in the surveillance audit the Assessment Team appointed for the surveillance shall consider the non-conformity, deficiency as such that has not been eliminated by the Client.

4.9.1.4. Closing the assessment phase

The surveillance procedure is closed in accordance with the chapter 'Closing the assessment phase' of these Rules of Procedure with the addition that the Assessment Team makes a statement on the maintenance of accreditation.

4.9.2. Extraordinary surveillance

An extraordinary surveillance may be undertaken in case of a major change that has taken place in the circumstances serving as the basis for accreditation, complaint reported or upon the request of the organization. Following the report on a major change by the Client, the Authority will apply risk assessment for deciding on whether it is necessary to order an extraordinary surveillance process. An extraordinary surveillance may also be initiated ex officio by the Authority in case it obtains knowledge on changes taking place in the circumstances serving as the basis for accreditation. If an extraordinary surveillance procedure is in process, until its completion, the Authority will only send the notification concerning the surveillance due only after the closing of the extraordinary surveillance.

The Authority may request documents and other information for the performance of the extraordinary surveillance, determines a fee equal with the fee charged for a surveillance procedure, and appoints the Assessment Team.

The subject of the extraordinary surveillance procedure depends on the content of the change. When the management system is changed, the site assessment is performed by the lead assessor. The Authority may perform the extraordinary surveillance procedure without conducting a site assessment.

The Authority performs the extraordinary surveillance according to the rules applicable to regular surveillance in the present Rules of Procedure. The fee charged for an extraordinary surveillance procedure is equal with the fee of a surveillance procedure.

4.10. Handling changes

4.10.1. In general

A report on a major change is decided on by the Authority in a concise procedure or in a regular, or extraordinary surveillance procedure.

If, following a report of a major change according to Natv. by the Client, the Authority does not order an extraordinary surveillance to be performed, or does not order the change to be reviewed in the next surveillance procedure due, and the change is not considered an extension of scope of the accredited status, the entry of the change is performed in a concise procedure based on Ákr.

In case of major changes, the Authority according to Natv. may order the performance of an extraordinary surveillance procedure.

Entry of a change without an extraordinary surveillance can be performed in particular if the name, the legal status of the Client organisation and its top management of the Client are concerned.

The applicant shall report non-major changes at the time of the surveillance procedure as part of the application for surveillance.

4.10.2. Changes in standards and rules of law

Handling changes in standards and rules of law is described in Rules of Procedure NAR-02.

4.10.3. Handling legal succession

In the event of termination or transformation of the accredited organization, the only party which can be authorized to use the accredited status is the legal successor of the accredited organization, if it fulfils the requirements serving as the basis for the accreditation. Legal succession may be certified by an extract from the company register, by the reference to the legislation on the succession, or in case of legal succession by an institution by a contract concluded between the Client and the legal successor. If succession is ordered in other regulation of the state, a copy of this document shall be attached to the report thereon. Legal succession shall be reported by submitting the Form NAD-102 for reporting major changes.

Compliance with the requirements serving as the basis for the accreditation will be examined by the Authority ex officio, on the basis of the documents and in the framework of an official procedure. Based on Ákr. the Authority maintains the accredited status in the new name, to the benefit of the

legal successor, following the review of the submitted document of evidence and amends the accreditation certificate including the name of the legal successor.

If an official procedure is conducted at Client, and site assessment has not been performed yet, auditing the reorganization is performed in that procedure. If it is reported after the assessment is completed, audit is carried out in an additional assessment.

If no official procedure is conducted at Client, and a risk assessment performed finds it justified, compliance with the requirements for accreditation in the legal successor organization is audited by the Authority in an extraordinary surveillance.

In the event of non-institutional legal succession, and upon the request of the legal successor organisation, based on Ákr., the Authority may decide on the transfer of the accredited status in a concise procedure.

Simultaneously with the report of the change, the accredited organisation shall submit a request for the withdrawal of its accredited status by determining the appropriate deadline. Upon the request of the contractual legal successor, following the submission of documents to support contractual legal succession (certifying labour law succession, right to use the site, right to use equipment, etc.), based on Ákr., the Authority made decide in a concise procedure on awarding the accredited status. Subsequently the Authority performs the audit of the reorganisation in an extraordinary surveillance procedure.

The decision containing the registration of the name of the legal successor will be issued by the Authority with a date within 8 days following the report or, in the event of a preliminary report containing a deadline, with the given deadline.

4.11. Management of complaints and applications for legal remedy procedures

The Rules of Procedure NAR-54 is applicable to handling complaints and legal remedy requests with attention to the applicable sections of the Standard.

4.12. Obligations

4.12.1. Obligations of the Client

4.12.1.1. General obligations

For the duration of the accredited status, the Client is obliged to continually fulfil the requirements serving as the basis for accreditation in the scope identified. Compliance is checked by the Authority in the framework of surveillance or, if necessary, extraordinary surveillance procedure.

4.12.1.2. Obligation to cooperate

The Client is obliged to give all assistance to the Authority in accordance with the Standard, in order that the accreditation and surveillance and extraordinary surveillance procedure can be conducted professionally, effectively and without difficulties. To this end, the Client shall

- make available – or provide access to - all the information, documents and records, which are necessary for the evaluation of compliance with the requirements, which serve as the basis for accreditation,

- report any changes in the accreditation requirements,
- enable the assessment of the activity accredited or to be accredited on all its sites that perform the activity accredited or to be accredited,
- arrange for the on-site witness assessment of the accredited activity and activity to be accredited (including the site of third parties),
- provide the Assessment Team with the necessary safety provisions and protective equipment during the site assessment and witness assessments,
- ensure access to all documents which enable the assessment of the extent of independence and impartiality between the organization to be accredited, and the Client and its related organizations,
- ensure that the Assessment Team does not find itself in a situation which might put its independence or impartiality at risk,
- ensure the availability of the staff performing the accredited activity.
- the accredited Clients shall have legally enforceable agreement with their own clients to force their clients to provide access to the Assessment Team, if necessary, if they want to audit their conformity assessment performance on the site of the Client.

4.12.1.3. References to accredited status

The Client shall refer to its accreditation status and use the accreditation mark in accordance with the provisions of Rules of Procedure NAR-08 in its accredited area.

4.12.1.4. Reporting Changes

The Client shall notify the Authority of the major changes occurred affecting its accredited activity in 15 days by using the Form NAD-102. Any change related to the status of the accredited party or any change that affects in any way any feature of its status or activity is considered a major change, any change occurring in particular:

- in the legal, ownership or organizational form, structure or management of the accredited organization,
- in the number of persons carrying out the accredited activity - in the number of persons that have left and that have arrived in total - exceeding 30% within 6 months,
- in the person of the head, quality manager or other employee of the accredited organization unit who exclusively performed the accreditation activity,
- in the principal seat or sites of the accredited organization, address of the accredited natural person,
- in the accredited scope, and

- ²in the legislation applicable to its activity having a significant impact on the accredited status of the accredited organisation or natural person, in legal acts of general effect and direct application of the European Union, in European and international standards published as national standards, and in essential conditions published in technical regulations applicable thereto.

In case the Client is planning a change which is related to its accredited status and in any way it is affecting its status or any characteristic of its activity, it can submit a preliminary report to the Authority. The Authority will examine the preliminary report and will form an opinion concerning the major change. The Authority conducts the procedure within a 21 days procedure deadline. The fee imposed on the procedure related to the examination of the preliminary report will be determined by the Authority by considering as a basis the tariffs applied in relation to priority engineer classification of the Hungarian Chamber of Engineers and with consideration to the time used in the procedure.

On the basis of European and international standards applicable to accreditation, and the rules of international organisations that it is a member of, the Authority may consider changes in other facts, data or condition significant and request report about them (unless it is contradictory to the valid legislation on the protection of personal data and the publicity of data of public interest - the provisions contained in Act CXII of 2011 and EU Regulation 2016/679/EU).

The Client must attach to the report of changes the document verifying the changes in an original copy of or copy of such document certified by a notary public unless the Authority may have access to them in other databases.

In case the Client fails to report a major change according to Natv. by the deadline, the Authority may suspend the accredited status for maximum 6 months.

The Client may report in one NAD-02 Form changes in more than one of its accredited statuses, by giving the registration number of the accredited statuses.

Changes in standards and rules of law are handled by the Authority in accordance with the provisions in the Rules of law NAR-02.

4.12.1.5. Obligation to pay administrative service fees

The Client shall pay the fee for the accreditation or surveillance, extraordinary surveillance procedure in accordance with the provisions of Natv. and the currently valid Decree on fees (hereinafter: Decree on fees) simultaneously with the submission of the application or prior to the submission of the application by payment in cash to the account of the Authority or by bank transfer between payment accounts. In addition to the indication of the case number, payment shall be done in accordance with the content of the notification on the submission of the application. The Authority will return the payment to the applicant where the case number cannot be identified.

²Other conditions may include, e.g., absence of key staff employed in the accreditation area for a term longer than 6 months, extraordinary changes in the financial situation of the organization significantly affecting its activity (insolvency, suspension of payment or bankruptcy), temporary shortage or failures of the testing equipment if due to this the accredited activity must be suspended for a term longer than 6 months, unfavourable evolution of test results in the proficiency or comparative tests, updating an activity not performed in the accreditation cycle.

If the Client does not pay the fee for the accreditation procedure as stipulated in the Decree for fees according to the Decree on Fees, the Authority will invite the Client, within 8 days dated from the day following the registration of the application, by means of an order to fulfil its payment obligation within 8 days. If, in spite of the invitation to fulfil its fee payment obligation, the Client still fails to do so, the Authority terminates the accreditation procedure.

If the Client fails to pay the surveillance fee concurrently with the submission of the application (or prior to this) as laid down in Natv., the Authority will, within 8 days dated from the day following the registration of the application, call on the Client in an order to fulfil its fee payment obligation. If, in spite of the invitation to fulfil its fee payment obligation, the Client still fails to do so by the deadline indicated in the order, the Authority will fully withdraw the accredited status based on Natv.

If extraordinary surveillance is ordered to be performed, the rules applicable to surveillance procedure shall be applied to determine the fee.

If the fee falls on an empty cell in the Decree on fees, the fee shall be established by calculating the average of the cells being the closest. In the annexes to the Decree on fees, the vertical column stands for the number of staff, while the horizontal line stands for the number of scopes.

When determining the fee of the procedure and the number of staff of the Client, the Authority takes into account the persons who are involved in the accredited activities of the Client (e.g. internal auditor, external examiner, manager, decision-maker, managerial review auditors, etc.).

4.12.1.6. Fee payment obligation of the Organization in respect of acts not included in the administrative service fees.

Based on Ákr., the Authority is authorised to establish non-foreseeable extra costs occurring in relation with the activity in the procedure (repeated site audit, repeated witnessed audit, extension of components of the procedure, checking conditions to termination of suspension of accredited status) and send a payment order to the accredited organization on the basis of the subsequent accounting, at the closure of the assessment phase. If, for other reasons, monitoring the corrective actions, performance of witnessed and extended assessment become necessary, the general department appointing the Assessment Team is entitled to decide about it.

The general department of the Authority will notify the Client and Deputy Director General of the Authority of the procedure occurring in the meantime within 3 days the latest dated from the time of becoming knowledgeable about it. If the additional action to the procedure becomes known during the site audit, the representative of the Authority or the head of the Assessment Team informs the head of the Client thereof, who acknowledges it by signing it in the report made at the audit, also undertaking the related costs.

The Authority determines the extra costs by retrospective clearing, on the basis of hours spent. The Authority issues an order on the determination of fees before the procedure is closed, with a payment deadline of 8 days. If the Client fails to pay the fee, the Authority terminates the accreditation procedure or suspends the accredited status until the fee payment obligation is fulfilled. When the fee is paid, the Authority performs the procedure in accordance with the section 'Closing the assessment phase' in these Rules of Procedure.

The Authority determines the extra cost with consideration to the list of fees submitted by the expert, and by considering as a basis the tariffs applied in relation to priority engineer categories of the Hungarian Chamber of Engineers. The cost is charged also in case the activity is performed by the staff of the Authority.

The fee includes

- the cost of hour input at the site audit,
- verified travel costs, and
- the cost calculated on the basis of hour input into document review (10 pages/hour).

4.12.2. Obligations of the Authority

4.12.2.1. Confidentiality

Every officer, committee member, assessor, expert of the Authority and individual working in the accreditation, surveillance procedure in an employment relationship with the Authority or having any other legal relationship for the purpose of employment with the Authority must treat all the information and data classifying as business secrets which come into their possession in the course of the procedure as confidential, and use such data only in the performance and in the interest of their duties for the Authority. Those who have no employment relationship with the Authority and have or may have an access to the business affairs of the Client or accredited party in the course of the procedures above, must sign a declaration of confidentiality and comply with the content thereof. The Authority controls personal data in accordance with the requirements in Regulation No. 2016/679/EU.

4.12.2.2. Publication

The Authority shall maintain a public register of the Clients with the data content stipulated in Natv., with attention to the contents of the Standard. The register shall contain:

- the registration number of the accredited organization, natural person,
- the company name of the accredited organization (organizational units), the name of the natural persons,
- the seat and sites of the accredited organization (organizational units), and the residential address of the natural person,
- the accreditation category and the scope of accreditation,
- the date of granting the accreditation and the expiry date,
- information on the partial or full suspension or on the partial or full withdrawal of the accredited status,

In order to make potential contacts with the Client, the register may also contain the contact details (e.g., telephone number, e-mail address, website address).

In the event of full suspension of the accredited status, the accredited Client will be temporarily transferred into the records of accredited Clients with a suspended status.

In the event of full withdrawal of the accredited status, the Client shall be transferred into the register of Clients with withdrawn status. After 6 months' time, the Authority cancels the publication of the withdrawn status of the Client on its website.

The Client will be removed from the records of the accredited Clients on the day after the accredited status has expired unless the accredited status has been renewed in the meantime.

The Authority publishes on its website the data of its register, the database of experts, assessors, based on the Government Decree.

4.12.2.3. Information on the Changes in the Requirements Serving as the Basis for Accreditation

On its website, the Authority provides continuous information on the changes in the requirements serving as the basis for accreditation and, on the European or international transitional periods, or such periods as determined by the Authority and their regulation, the deadline for the admissibility of the application and the preparation of the Authority. In the event of changes, the Authority shall proceed in accordance with the section ‘Handling changes’ of these Rules of Procedure.

4.13. Rights

4.13.1. Clients’ Rights

The Client, in accordance with the content of the Rules of Procedure NAR-08 is entitled to, and in accordance with the Standard is obliged to use a narrative reference to the accredited status or use the accreditation mark.

The Client has the right to establish an opinion on the work of the Authority, the Assessment Team.

Client may submit applications on accreditation areas covered by the Authority which are mandatory to be admitted by the Authority.

When applying for new areas/scopes, the Client shall consider the content of Rules of Procedure NAR-35.

The Client has the right to submit a complaint, a request for legal remedy in accordance with the content of Rules of Procedure NAR-54.

The Client can submit a motion for the exclusion of members of the Assessment Team.

In case of failure to comply with the deadline, the Client may submit a request to accept verification.

4.13.2. Authority’s Rights

The Authority shall exercise its rights according to Natv, Ákr, and the Government Decree.

5. Related rules of procedure and rules of law

NAR rules:

ID	Title
NAR-01	Rules of Procedure on the assessment phase (these Rules of Procedure)
NAR-02	Rules of Procedure on the marking of withdrawn standards in the accreditation and surveillance procedures
NAR-03	Rules of procedure on the proficiency tests and application of comparison between laboratories in the accreditation and surveillance procedures
NAR-06	Competence requirements
NAR-08	Use of the National Accreditation Authority logo and the rules of referring to the accredited status.
NAR-18	Guidance on the content and structure of non-standard calibration procedures
NAR-24	Supervision of EMAS verifiers accredited or licensed in other Member States
NAR-25	Rules of Procedure on the Preparation of Accreditation Audit Cycle Programmes
NAR-30	Rules of Procedure on data supply of performance indicators of management system certification bodies
NAR-31	Rules of procedure for the Accreditation of Flexible Scopes
NAR-32	EU ETS Determination of the scope and number of witness site visits of management systems certification bodies
NAR-35	Rules of Procedure on the admission of new accreditation activities and on the introduction of changes in accreditation requirements
NAR-36	Metrological traceability

NAR-54	Handling complaints and applications related to legal remedy procedure.
NAR-85	Rules on the decision-making phase
NAR-86	Order of Procedure of the Technical Advisory Board
NAR-87	Order of Procedure of the Impartiality Advisory Body

External requirements

1. Act CXXIV of 2015 on National Accreditation
2. Government Decree No. 424/2015. (XII. 23.) on the National Accreditation Authority and the accreditation procedure
3. Government Decree No. 1956/2015. (XII. 23.) on the Accreditation Council
4. Decree No. 45/2015. (XII. 30.) NGM on the administrative service fees payable for the procedures of the National Accreditation Authority
5. Decree No. 27/2015. (XII. 30.) Instruction No. 27/2015 (XII.) of the Minister of National Economy (NGM) on the Rules of Organisation and Operation of the National Accreditation Authority
6. Regulation 2016/679 (GDPR) of the European Parliament and the Council
7. List of EA Publications And International Documents” (EA-INF/01)

6. Annexes

01. ANNEX No. 01 NAR-01-01-VL
02. ANNEX No. 01 NAR-01-02-KL
03. ANNEX No. 01 NAR-01-03-ELL
04. ANNEX No. 01 NAR-01-04-IRT
05. ANNEX No. 01 NAR-01-05-SZT
06. ANNEX No. 01 NAR-01-06-TT
07. ANNEX No. 01 NAR-01-07-MV
08. ANNEX No. 01 NAR-01-08-JV
09. ANNEX No. 01 NAR-01-09-OVL
10. ANNEX No. 01 NAR-01-10-EUETS
11. ANNEX No. 01 NAR-01-11-REF

12. ANNEX No. 01 NAR-01-12-EMAS

7. Forms

NAD-103-1-VL Application for accreditation, re-accreditation and extension of scope

NAD-103-2-KL Application for accreditation, re-accreditation and extension of scope

NAD-103-3-ELL Application for accreditation, re-accreditation and extension of scope

NAD-103-4-IRT Application for accreditation, re-accreditation and extension of scope

NAD-103-5-SZEM Application for accreditation, re-accreditation and extension of scope

NAD-103-6-TT Application for accreditation, re-accreditation and extension of scope

NAD-103-7-MV Application for accreditation, re-accreditation and extension of scope

NAD-103-8_JV Application for accreditation, re-accreditation and extension of scope

NAD-103-9-OVL Application for accreditation, re-accreditation and extension of scope

NAD-103-10-EU-ETS Application for accreditation, re-accreditation and extension of scope

NAD-103-11-REF Application for accreditation, re-accreditation and extension of scope

NAD-103-HU-V EMAS_persons Application for accreditation, re-accreditation and extension of scope of EMAS verifier natural persons

NAD-105EMAS_01_EMAS_notification_form

NAD-103-HU-V-EMAS_organisation Application for accreditation, re-accreditation and extension of scope of EMAS verifier organisations

NAD-105EMAS_01_EMAS_notification_form

NAD-104 Application for surveillance

8. Others