

Payment Card Industry (PCI)   
Data Security Standard

Attestation of Compliance for  
Self-Assessment Questionnaire B

For use with PCI DSS Version 3.2.1

July 2018

Section 1: Assessment Information

***Instructions for Submission***

This document must be completed as a declaration of the results of the merchant’s self-assessment with the *Payment Card Industry Data Security Standard Requirements and Security Assessment Procedures (PCI DSS).* Complete all sections: The merchant is responsible for ensuring that each section is completed by the relevant parties, as applicable. Contact your acquirer (merchant bank) or the payment brands to determine reporting and submission procedures.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part 1. Merchant and Qualified Security Assessor Information** | | | | | | |
| **Part 1a. Merchant Organization Information** | | | | | | |
| Company Name: |  | | DBA (doing business as): |  | | |
| Contact Name: |  | | Title: |  | | |
| Telephone: |  | | E-mail: |  | | |
| Business Address: |  | | City: |  | | |
| State/Province: |  | Country: |  | | Zip: |  |
| URL: |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part 1b. Qualified Security Assessor Company Information (if applicable)** | | | | | | |
| Company Name: |  | | | | | |
| Lead QSA Contact Name: |  | | Title: |  | | |
| Telephone: |  | | E-mail: |  | | |
| Business Address: |  | | City: |  | | |
| State/Province: |  | Country: |  | | Zip: |  |
| URL: |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 2. Executive Summary** | | | |
| **Part 2a. Type of Merchant Business (check all that apply)** | | | |
| Retailer  Telecommunication  Grocery and Supermarkets | | | |
| Petroleum  E-Commerce  Mail order/telephone order (MOTO) | | | |
| Others (please specify): | | | |
| What types of payment channels does your business serve?  Mail order/telephone order (MOTO)  E-Commerce  Card-present (face-to-face) | | Which payment channels are covered by this SAQ?  Mail order/telephone order (MOTO)  E-Commerce  Card-present (face-to-face) | |
| ***Note:*** *If your organization has a payment channel or process that is not covered by this SAQ, consult your acquirer or payment brand about validation for the other channels.* | | | |
| **Part 2b. Description of Payment Card Business** | | | |
| How and in what capacity does your business store, process and/or transmit cardholder data? |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 2c. Locations** | | | |
| List types of facilities and a summary of locations (for example, retail outlets, corporate offices, data centers, call centers, etc.) included in the PCI DSS review. | | | |
| **Type of facility** | **Number of facilities of this type** | **Location(s) of facility (city, country)** |
| *Example: Retail outlets* | *3* | *Boston, MA, USA* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 2d. Payment Application** | | | | |
| Does the organization use one or more Payment Applications?  Yes  No | | | | |
| Provide the following information regarding the Payment Applications your organization uses: | | | | |
| **Payment Application Name** | **Version Number** | **Application Vendor** | **Is application  PA-DSS Listed?** | **PA-DSS Listing Expiry date (if applicable)** |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |

|  |  |  |
| --- | --- | --- |
| **Part 2e. Description of Environment** | | |
| Provide a ***high-level*** description of the environment covered by this assessment.  *For example:*   * *Connections into and out of the cardholder data environment (CDE).* * *Critical system components within the CDE, such as POS devices, databases, web servers, etc., and any other necessary payment components, as applicable.* |  | |
| Does your business use network segmentation to affect the scope of your PCI DSS environment?  *(Refer to “Network Segmentation” section of PCI DSS for guidance on network segmentation)* | | Yes  No | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part 2f. Third-Party Service Providers** | | | | | |
| Does your company use a Qualified Integrator & Reseller (QIR)? | | | | Yes  No | |
| ***If Yes:*** | | | | |
| Name of QIR Company: |  | | | |
| QIR Individual Name: |  | | | |
| Description of services provided by QIR: |  | | | |
| Does your company share cardholder data with any third-party service providers (for example, Qualified Integrator & Resellers (QIR), gateways, payment processors, payment service providers (PSP), web-hosting companies, airline booking agents, loyalty program agents, etc.)? | | | | Yes  No | |
| ***If Yes:*** | | | |  | |
| **Name of service provider:** | | **Description of services provided:** | | | |
|  | |  | | | |
|  | |  | | | |
|  | |  | | | |
|  | |  | | | |
|  | |  | | | |
|  | |  | | | |
| ***Note:*** *Requirement 12.8 applies to all entities in this list.* | | | | | |

|  |  |
| --- | --- |
| **Part 2g. Eligibility to Complete SAQ B** | |
| Merchant certifies eligibility to complete this shortened version of the Self-Assessment Questionnaire because, for this payment channel: | |
|  | Merchant uses only an imprint machine to imprint customers’ payment card information and does not transmit cardholder data over either a phone line or the Internet; and/or  Merchant uses only standalone, dial-out terminals (connected via a phone line to your processor); and the standalone, dial-out terminals are not connected to the Internet or any other systems within the merchant environment; |
|  | Merchant does not transmit cardholder data over a network (either an internal network or the Internet); |
|  | Merchant does not store cardholder data in electronic format; **and** |
|  | If Merchant does store cardholder data, such data is only paper reports or copies of paper receipts and is not received electronically. |

Section 2: Self-Assessment Questionnaire B

This Attestation of Compliance reflects the results of a self-assessment, which is documented in an accompanying SAQ.

|  |  |
| --- | --- |
| The assessment documented in this attestation and in the SAQ was completed on: |  |
| Have compensating controls been used to meet any requirement in the SAQ? | Yes  No |
| Were any requirements in the SAQ identified as being not applicable (N/A)? | Yes  No |
| Were any requirements in the SAQ unable to be met due to a legal constraint? | Yes  No |

Section 3: Validation and Attestation Details

|  |
| --- |
| **Part 3. PCI DSS Validation** |

**This AOC is based on results noted in SAQ B (Section 2), dated *(SAQ completion date).***

Based on the results documented in the SAQ B noted above, the signatories identified in Parts 3b-3d, as applicable, assert(s) the following compliance status for the entity identified in Part 2 of this document (***check one):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Compliant:** All sections of the PCI DSS SAQ are complete, all questions answered affirmatively, resulting in an overall **COMPLIANT** rating; thereby *(Merchant Company Name)* has demonstrated full compliance with the PCI DSS. | | | |
|  | **Non-Compliant:** Not all sections of the PCI DSS SAQ are complete, or not all questions are answered affirmatively, resulting in an overall **NON-COMPLIANT** rating, thereby *(Merchant Company Name)* has not demonstrated full compliance with the PCI DSS.  **Target Date** for Compliance:  An entity submitting this form with a status of Non-Compliant may be required to complete the Action Plan in Part 4 of this document. *Check with your acquirer or the payment brand(s) before completing Part 4.* | | | |
|  | **Compliant but with Legal exception:** One or more requirements are marked “No” due to a legal restriction that prevents the requirement from being met. This option requires additional review from acquirer or payment brand.  *If checked, complete the following:* | | | |
|  | Affected Requirement | Details of how legal constraint prevents requirement being met |  |
|  |  |  |
|  |  |
|  | | |

|  |  |
| --- | --- |
| Part 3a. Acknowledgement of Status | |
| **Signatory(s) confirms:**  ***(Check all that apply)*** | |
|  | PCI DSS Self-Assessment Questionnaire B, Version *(version of SAQ)*, was completed according to the instructions therein. |
|  | All information within the above-referenced SAQ and in this attestation fairly represents the results of my assessment in all material respects. |
|  | I have confirmed with my payment application vendor that my payment system does not store sensitive authentication data after authorization. |
|  | I have read the PCI DSS and I recognize that I must maintain PCI DSS compliance, as applicable to my environment, at all times. |
|  | If my environment changes, I recognize I must reassess my environment and implement any additional PCI DSS requirements that apply. |
| Part 3a. Acknowledgement of Status (continued) | |
|  | No evidence of full track data[[1]](#footnote-1), CAV2, CVC2, CID, or CVV2 data[[2]](#footnote-2), or PIN data[[3]](#footnote-3) storage after transaction authorization was found on ANY system reviewed during this assessment. |
|  | ASV scans are being completed by the PCI SSC Approved Scanning Vendor *(ASV Name)* |

|  |  |
| --- | --- |
| Part 3b. Merchant Attestation | |
|  | |
| Signature of Merchant Executive Officer 🡩 | Date: |
| Merchant Executive Officer Name: | Title: |

|  |  |  |
| --- | --- | --- |
| Part 3c. Qualified Security Assessor (QSA) Acknowledgement (if applicable) | | |
| If a QSA was involved or assisted with this assessment, describe the role performed: |  | |
|  | | |
| *Signature of Duly Authorized Officer of QSA Company* 🡩 | | *Date:* |
| *Duly Authorized Officer Name:* | | *QSA Company:* |

|  |  |
| --- | --- |
| Part 3d. Internal Security Assessor (ISA) Involvement (if applicable) | |
| If an ISA(s) was involved or assisted with this assessment, identify the ISA personnel and describe the role performed: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part 4. Action Plan for Non-Compliant Requirements | | | | |
| Select the appropriate response for “Compliant to PCI DSS Requirements” for each requirement. If you answer “No” to any of the requirements, you may be required to provide the date your Company expects to be compliant with the requirement and a brief description of the actions being taken to meet the requirement.  *Check with your acquirer or the payment brand(s) before completing Part 4.* | | | | |
| **PCI DSS Requirement\*** | **Description of Requirement** | **Compliant to PCI DSS Requirements**  (Select One) | | **Remediation Date and Actions** (If “NO” selected for any Requirement) |
| **YES** | **NO** |
| 3 | Protect stored cardholder data |  |  |  |
| 4 | Encrypt transmission of cardholder data across open, public networks |  |  |  |
| 7 | Restrict access to cardholder data by business need to know |  |  |  |
| 9 | Restrict physical access to cardholder data |  |  |  |
| 12 | Maintain a policy that addresses information security for all personnel |  |  |  |

*\* PCI DSS Requirements indicated here refer to the questions in Section 2 of the SAQ.*



1. Data encoded in the magnetic stripe or equivalent data on a chip used for authorization during a card-present transaction. Entities may not retain full track data after transaction authorization. The only elements of track data that may be retained are primary account number (PAN), expiration date, and cardholder name. [↑](#footnote-ref-1)
2. The three- or four-digit value printed by the signature panel or on the face of a payment card used to verify card-not-present transactions. [↑](#footnote-ref-2)
3. Personal identification number entered by cardholder during a card-present transaction, and/or encrypted PIN block present within the transaction message. [↑](#footnote-ref-3)