

Payment Card Industry (PCI)  
Software-based PIN Entry on COTS(SPoC)™

Attestation of Validation – SPoC Solution

Version 1.2

June 2020

# SPoC Solution Attestation of Validation

### Instructions for Submission

This document must be completed as a declaration of the SPoC Solution’s validation status with the *Software-based PIN Entry on COTS Security Requirements* and *Software-based PIN Entry on COTS Test Requirements* (“SPoC Standard”).

The PCI-recognized laboratory performing the validation (SPoC Lab) and the SPoC Solution provider should complete all applicable sections and submit this document along with copies of all required validation documentation to PCI SSC, per PCI SSC’s instructions for report submission as described in the SPoC Program Guide.

***Note:*** *Parts 1 and 2 must be completed.*

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| **Part 1. SPoC Solution provider and SPoC Lab Information** | | | | | | | | | | |
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| **Part 1a. SPoC Solution Provider Information** | | | | | | | | | | |
| Company Name: | |  | | | | | | | | |
| Contact Name: | |  | | | | Title: |  | | | |
| Telephone: | |  | | | | E-mail: |  | | | |
| Business Address: | |  | | | | City: |  | | | |
| State/Province: | |  | | Country: | |  | | Postal Code: | |  |
| URL: | |  | | | | | | | | |
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| **Part 1b. SPoC Lab Information** | | | | | | | | | | |
| SPoC Lab Company Name: | | |  | | | | | | | |
| Laboratory Manager Name: | | |  | | | | Title: | |  | |
| Telephone: |  | | | | | E-mail: |  | | | |
| Business Address: |  | | | | | City: |  | | | |
| State/Province: |  | | | | Country: |  | | Postal Code: | |  |
| URL: |  | | | | | | | | | |

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| **Part 2. Submission Type** | | |
| Identify the type of submission and complete the indicated sections of this Attestation of Validation associated with the chosen submission type (check all that apply).  Refer to the SPoC Program Guide for details about each submission type. | | |
|  | | |
| **Submission Type** | | **AOV Section** |
|  | **Full Solution Validation\*** | Complete Part 3 |
|  | **Annual Checkpoint** | Complete Part 4 |
|  | **Administrative Change** | Complete Part 5 |
|  | **Delta Change** | Complete Part 6 |

*\* Full Solution Validation must not be combined with any other submission type.*

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| **Part 3. Full Solution Validation** | | | | | | | | | | | |
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| **Part 3a. SPoC Solution Information** | | | | | | | | | | | |
| SPoC Solution Name: | | |  | | | | | | | | |
| Is SPoC Solution already listed by PCI SSC? | | | | | |  | Yes \* | |  | No | |
| *\* If Yes*: | PCI SSC Listing #: | | |  | | Listing expiry date: | | |  | | |
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| **Part 3b. List of SCRPs Supported as part of the SPoC Solution:** | | | | | | | | | | | |
| PTS Approval # | | Company | | | Model | Hardware # | | Firmware # | | |
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| **Part 3c. List of SCRs / Magnetic Stripe Readers (MSRs) Supported as part of the SPoC Solution** (note PTS approval numbers are only applicable for PCI-listed MSRs/SCRs)**:** | | | | | | | | | | | |
| PTS Approval # | | Company | | | Model | Hardware # | | Firmware # | | |
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| **Part 3d. List of Non-PTS Listed Magnetic Stripe Readers (MSRs) Validated as part of the SPoC Solution:** | | | | | | | | | | | |
| Company | | | | | Model | Hardware # | | Firmware # | | |
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| **Part 3e. PIN CVM Applications Validated for use with this SPoC Solution:** | | | | | | |
| PIN CVM Application name | | | Version # | | PIN CVM Application Vendor |
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| **Part 3f. Monitoring/Attestation Systems Validated for use with this SPoC Solution:** | | | | | | |
| Monitoring/Attestation System name | | | Version # | | Monitoring/Attestation System Vendor (if different from 3c) | |
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| **Part 3g. SPoC Solution Provider Attestation of SPoC Solution Validation** | | | | | | |
| *(SPoC Solution Provider Name)* asserts the following for the SPoC Solution identified in Part 3a of this document as of *(date)* *(each item to be confirmed):* | | | | | | |
|  | The SPoC Lab has been provided with all documentation and resources necessary to achieve an accurate evaluation of the compliance status of *(SPoC Solution Name).* | | | | | |
|  | We confirm the scope of the solution is accurate and includes all devices, data flows, processes, cryptographic key-management functions, and data stores applicable to *(SPoC Solution Name).* | | | | | |
|  | We acknowledge our obligation to ensure the accuracy of the solution scope is maintained, and any changes to *(SPoC Solution Name)* are implemented in a manner that ensures continued adherence to SPoC requirements for the entire solution. | | | | | |
|  | | | |  | | |
| *Signature of SPoC Solution Provider Executive Officer 🡩* | | | | *Date 🡩* | | |
|  | | | |  | | |
| *SPoC Solution Provider Executive Officer Name 🡩* | | | | *Title 🡩* | | |
|  | | | | | | |
| *SPoC Solution Provider Company 🡩* | | | | | | |
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| **Part 3h. SPoC Lab Attestation of SPoC Solution Validation** | | | | | | |
| Based on the results noted in the Evaluation Report dated *(date of Evaluation Report)*, *(SPoC Lab Name)* asserts the following validation status for the solution identified in Part 3a of this document as of *(date)* *(each item to be confirmed):* | | | | | | |
|  | | **Validated:** All requirements in the Evaluation Report are marked “in place,” thereby (SPoC Solution Name) has achieved full validation with the Software-based PIN Entry on COTS Standard. | | | | |
|  | | The Evaluation Report was completed according to the *SPoC Standard* version (insert version number), in adherence with the instructions therein. | | | | |
|  | | All information within the above-referenced Evaluation Report and in this attestation represents the results of the evaluation fairly in all material respects. | | | | |
|  | | | |  | | |
| *Signature of SPoC Lab lead evaluator 🡩* | | | | *Date 🡩* | | |
|  | | | |  | | |
| *SPoC Lab lead evaluator Name 🡩* | | | | *Title 🡩* | | |
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| *SPoC Lab Company 🡩* | | | | | | |

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| **Part 4. Annual Checkpoint** | | | | | | | | | | |
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| **Part 4a. SPoC Solution Information** | | | | | | | | | | |
| SPoC Solution Name: | | |  | | | | | | | |
| PCI SSC Listing #: | | |  | | PCI SSC Listing re-evaluation date: | | | | |  |
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| **Part 4b. SPoC Solution Provider Attestation of SPoC Solution Revaluation (annual checkpoint)** | | | | | | | | | | |
| *(SPoC Solution Provider Name)* asserts the following for the SPoC Solution identified in Part 4a of this document as of *(date) (each item to be confirmed):* | | | | | | | | | | |
|  | The SPoC Lab has been provided with all documentation and resources necessary to perform an accurate annual checkpoint of *(SPoC Solution Name).* | | | | | | | | | |
|  | We confirm the scope of the solution is accurate as listed and includes all devices, data flows, processes, cryptographic key-management functions, and data stores applicable to *(SPoC Solution Name).* | | | | | | | | | |
|  | We acknowledge our continued obligation to ensure the accuracy of the solution scope is maintained, and any changes to *(SPoC Solution Name)* are implemented in a manner that ensures continued adherence to SPoC requirements for the entire solution. | | | | | | | | | |
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| *Signature of SPoC Solution Provider Executive Officer 🡩* | | | | | | | *Date* *🡩* | | | |
|  | | | | | | |  | | | |
| *SPoC Solution Provider Executive Officer Name 🡩* | | | | | | | *Title 🡩* | | | |
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| *SPoC Solution Provider Company 🡩* | | | | | | |  | | | |
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| **Part 4c. SPoC Lab Attestation of SPoC Solution Revaluation (annual checkpoint)** | | | | | | | | | | |
| Based on the results noted in the SPoC annual checkpoint submission dated *(date of submission), (SPoC Lab Name)* asserts the following for the solution identified in Part 4a of this document as of *(date) (each item to be confirmed):* | | | | | | | | | | |
|  | All requirements in the annual checkpointare in place, and thereby *(SPoC Solution Name)* has met ongoing requirements for validation with the Software-based PIN Entry on COTS Standard*.* | | | | | | | | | |
|  | All information within the above-referenced annual checkpointsubmittal and in this attestation represents the results of the annual checkpoint fairly in all material respects*.* | | | | | | | | | |
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| *Signature of SPoC Lab lead evaluator 🡩* | | | | | | | *Date* *🡩* | | | |
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| *SPoC Lab lead evaluator Name 🡩* | | | | | | | *Title 🡩* | | | |
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| *SPoC Lab Company 🡩* | | | | | | |  | | | |
| **Part 5. Administrative Change** | | | | | | | | | | |
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| **Part 5a. SPoC Solution Information** | | | | | | | | | | |
| SPoC Solution Name: | |  | | | | | | | | |
| PCI SSC Listing #: | |  | | PCI SSC Listing re-evaluation date: | | | | |  | |
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| **Part 5b. Details of Change to Listing** | | | | | | | | | | |
| Current Listing information: | | | | | | New Listing information: | | | | |
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| **Part 5c. Solution provider Attestation of Administrative Change** | | | | | | | | | | |
| Based on the change analysis documentation *(SPoC Solution Provider Name)* asserts the following for the SPoC solution identified in Part 5a of this document as of *(date)* *(each item to be confirmed):* | | | | | | | | | | |
|  | ***Only administrative changes*** have been made to *(SPoC Solution Name)*,resulting in **no impact** to SPoC Solution functionality or compliance with any SPoC Security Requirements. | | | | | | | | | |
|  | All changes have been accurately recorded in the change analysis documentation provided to the SPoC Lab and provided with this attestation. | | | | | | | | | |
|  | All information contained within this attestation represents the results of the change analysis fairly in all material respects. | | | | | | | | | |
|  | *(SPoC Solution Provider Name)* acknowledges our obligation to provide all merchants using *(SPoC Solution Name)* with up-to-date version of the validated SPoC Solution’s Implementation Manual. | | | | | | | | | |
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| *Signature of SPoC Solution Provider Executive Officer 🡩* | | | | | | | | *Date* *🡩* | | |
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| *SPoC Solution Provider Executive Officer Name 🡩* | | | | | | | | *Title 🡩* | | |
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| *SPoC Solution Provider Company 🡩* | | | | | | | |  | | |

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| **Part 5d. SPoC Lab Attestation of Administrative Change** | | |
| Based on the change analysis provided by *(SPoC Solution Provider Name)*, *(SPoC Lab Name)* asserts the following status for the solution identified in Part 5a of this document as of *(date).* | | |
| Based on our review of the change analysis documentation, we agree that the documentation supports the Solution provider’s assertionthat *only administrative changes* have been made to *(SPoC Solution Name)*, resulting in *(each item to be confirmed):* | | |
|  | **No Impact** to SPoC Solution security controls or SPoC Solution functionality | |
|  | **No Impact** to compliance with any SPoC Security Requirement | |
|  | |  |
| *Signature of SPoC Lab Lead Evaluator 🡩* | | *Date 🡩* |
|  | |  |
| *SPoC Lab Lead Evaluator Name 🡩* | | *Title 🡩* |
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| *SPoC Lab Company 🡩* | | |

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| **Part 6. Delta Change** | | | | | | | |
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| **Part 6a. SPoC Solution Information** | | | | | | | |
| SPoC Solution Name: | | |  | | | | |
| PCI SSC Listing #: | | |  | PCI SSC Listing re-evaluation date: | | |  |
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| **Part 6b. Details of Change to Listing** | | | | | | | |
| Current Listing Information: | | | | | New Listing Information: | | |
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| **Part 6c. Solution provider Attestation of Delta Change** | | | | | | | |
| Based on the change analysis documentation *(SPoC Solution Provider Name)* asserts the following for the SPoC Solution identified in Part 6a of this document as of *(date)* *(each item to be confirmed):* | | | | | | | |
|  | | Changes have been made to *(SPoC Solution Name)* as defined in the SPoC Program Guide. | | | | | |
|  | | All changes have been accurately recorded in the change analysis documentation provided to the SPoC Lab and provided with this attestation. | | | | | |
|  | | The SPoC Lab has been provided with all documentation and resources necessary to perform an evaluation of the delta change to *(SPoC Solution Name)*. | | | | | |
|  | | We acknowledge our obligation to ensure the accuracy of the solution scope is maintained, and any changes to *(SPoC Solution Name)* are implemented in a manner that ensures continued adherence to SPoC requirements for the entire solution. | | | | | |
|  | | *(SPoC Solution Provider Name)* acknowledges our obligation to provide all merchants using *(SPoC Solution Name)* with an up-to-date version of the validated SPoC solution’s implementation documentation and user guidance. | | | | | |
|  | | *(SPoC Solution Provider Name)* attests that, if adding an SCRP device or MSR to *(SPoC Solution Name),* the added SCRP device or MSR will be managed in the same manner as other SCRP devices or MSRs in *(SPoC Solution Name)*. | | | | | |
|  | | | | | |  | |
| *Signature of SPoC Solution Provider Executive Officer 🡩* | | | | | | *Date* *🡩* | |
|  | | | | | |  | |
| *SPoC Solution Provider Executive Officer Name 🡩* | | | | | | *Title 🡩* | |
|  | | | | | |  | |
| *SPoC Solution Provider Company 🡩* | | | | | |  | |
| **Part 6d. SPoC Lab Attestation of Delta Change** | | | | | | | |
| Based on the results noted in the change analysis documentation dated *(date of report)*, *(SPoC Lab Name)* asserts the following for the solution identified in Part 6a of this document as of *(date)* *(each item to be confirmed):* | | | | | | | |
|  | *(SPoC Lab Name)* agrees that the documented changes are eligible as delta changes. | | | | | | |
|  | All requirements in the change analysis documentation are marked as “in place,” and therebythe change has met the applicable requirements of the SPoC Standard. | | | | | | |
|  | All information contained within the change analysis documentation and in this attestation represents the results of the change evaluation fairly in all material respects. | | | | | | |
|  | | | | | |  | |
| *Signature of SPoC Lab lead evaluator 🡩* | | | | | | *Date 🡩* | |
|  | | | | | |  | |
| *SPoC Lab lead evaluator Name 🡩* | | | | | | *Title 🡩* | |
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| *SPoC Lab Company 🡩* | | | | | | | |

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| **Part 7. PCI SSC Acceptance** | | |
| *PCI SSC does not assess or validate SPoC Solutions for compliance with the SPoC Standard. The signature below and subsequent listing of a SPoC Solution on the List of Validated SPoC Solutions signifies that the applicable SPoC Lab has determined that the solution complies with the SPoC Standard, that the SPoC Lab has submitted a corresponding Evaluation Report to PCI SSC, and that the Evaluation Report, as submitted to PCI SSC, has satisfied all applicable quality assurance review requirements as of the time of PCI SSC's review.* | | |
| PCI SSC agrees that this Attestation of Validation dated *(date)* is accepted for the solution to *(SPoC Solution Name),* as submitted by SPoC Solution provider *(SPoC Solution Provider Company Name)* and SPoC Lab *(SPoC Lab Company Name),* for the following sections*:* | | |
|  | Part 3 – Full Solution Validation | |
|  | Part 4 – Annual Checkpoint | |
|  | Part 5 – Administrative Change | |
|  | Part 6 – Delta Change | |
|  | |  |
| *Signature of PCI Security Standards Council 🡩* | | *Date 🡩* |