



# Payment Card Industry Data Security Standard

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## **Attestation of Compliance for Self Assessment Questionnaire B-IP**

For use with PCI DSS Version 4.0

Publication date: April 2022

# Section 1: Assessment Information

## Instructions for Submission

This document must be completed as a declaration of the results of the merchant’s self-assessment against the *Payment Card Industry Data Security Standard (PCI DSS) Requirements and Testing Procedures*. Complete all sections. The merchant is responsible for ensuring that each section is completed by the relevant parties, as applicable. Contact the entity(ies) to which the Attestation of Compliance (AOC) will be submitted for reporting and submission procedures.

This AOC reflects the results documented in an associated Self-Assessment Questionnaire (SAQ).

Capitalized terms used but not otherwise defined in this document have the meanings set forth in the PCI DSS Self-Assessment Questionnaire.

### Part 1. Contact Information

#### Part 1a. Assessed Merchant

|                          |  |
|--------------------------|--|
| Company name:            |  |
| DBA (doing business as): |  |
| Company mailing address: |  |
| Company main website:    |  |
| Company contact name:    |  |
| Company contact title:   |  |
| Contact phone number:    |  |
| Contact e-mail address:  |  |

#### Part 1b. Assessor

Provide the following information for all assessors involved in the assessment. If there was no assessor for a given assessor type, enter Not Applicable.

##### PCI SSC Internal Security Assessor(s)

|              |  |
|--------------|--|
| ISA name(s): |  |
|--------------|--|

##### Qualified Security Assessor

|                              |  |
|------------------------------|--|
| Company name:                |  |
| Company mailing address:     |  |
| Company website:             |  |
| Lead Assessor Name:          |  |
| Assessor phone number:       |  |
| Assessor e-mail address:     |  |
| Assessor certificate number: |  |

## Part 2. Executive Summary

### Part 2a. Merchant Business Payment Channels (select all that apply):

Indicate all payment channels used by the business that are included in this assessment.

- Mail order/telephone order (MOTO)
- E-Commerce
- Card-present

Are any payment channels not included in this assessment?

Yes  No

If yes, indicate which channel(s) is not included in the assessment and provide a brief explanation about why the channel was excluded.

**Note:** If the organization has a payment channel that is not covered by this SAQ, consult with the entity(ies) to which this AOC will be submitted about validation for the other channels.

### Part 2b. Description of Role with Payment Cards

For each payment channel included in this assessment as selected in Part 2a above, describe how the business stores, processes and/or transmits account data.

| Channel | How Business Stores, Processes, and/or Transmits Account Data |
|---------|---|
|         |   |
|         |   |
|         |   |

### Part 2c. Description of Payment Card 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 POI devices, databases, web servers, etc., and any other necessary payment components, as applicable.*
- *System components that could impact the security of account data.*

Indicate whether the environment includes segmentation to reduce the scope of the assessment.

Yes  No

*(Refer to "Segmentation" section of PCI DSS for guidance on segmentation.)*

## Part 2. Executive Summary *(continued)*

### Part 2d. In-Scope Locations/Facilities

List all types of physical locations/facilities (for example, corporate offices, data centers, call centers, and mail rooms) in scope for the PCI DSS assessment.

| Facility Type                | Total number of locations<br>(How many locations of this type are in scope) | Location(s) of facility (city, country) |
|------------------------------|---|---|
| <i>Example: Data centers</i> | 3   | <i>Boston, MA, USA</i>                  |
|                              |   |   |
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### Part 2e. PCI SSC Validated Products and Solutions

Does the merchant use any item identified on any PCI SSC Lists of Validated Products and Solutions\*?

Yes  No

Provide the following information regarding each item the merchant uses from PCI SSC's Lists of Validated Products and Solutions.

| Name of PCI SSC-validated Product or Solution | Version of Product or Solution | PCI SSC Standard to which product or solution was validated | PCI SSC listing reference number | Expiry date of listing (YYYY-MM-DD) |
|---|--------------------------------|---|----------------------------------|-------------------------------------|
|   |                                |   |                                  |                                     |
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|   |                                |   |                                  |                                     |
|   |                                |   |                                  |                                     |

\* For purposes of this document, "Lists of Validated Products and Solutions" means the lists of validated products, solutions, and/or components appearing on the PCI SSC website ([www.pcisecuritystandards.org](http://www.pcisecuritystandards.org))—for example, 3DS Software Development Kits, Approved PTS Devices, Validated Payment Software, Payment Applications (PA-DSS), Point to Point Encryption (P2PE) solutions, Software-Based PIN Entry on COTS (SPoC) solutions, and Contactless Payments on COTS (CPoC) solutions.



**Part 2. Executive Summary (continued)**

**Part 2g. Summary of Assessment**  
(SAQ Section 2 and related appendices)

Indicate below all responses that were selected for each PCI DSS requirement.

| PCI DSS Requirement * | Requirement Responses   |                          |                           |                          |                          |
|-----------------------|---|--------------------------|---------------------------|--------------------------|--------------------------|
|                       | More than one response may be selected for a given requirement.<br>Indicate all responses that apply. |                          |                           |                          |                          |
|                       | In Place  | In Place with CCW        | In Place with Remediation | Not Applicable           | Not in Place             |
| Requirement 1:        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement 2:        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement 3:        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement 6:        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement 7:        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement 8:        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement 9:        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement 11:       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement 12:       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Appendix A2:          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

\* PCI DSS Requirements indicated above refer to the requirements in Section 2 of the SAQ associated with this AOC.

## Part 2. Executive Summary *(continued)*

### Part 2h. Eligibility to Complete SAQ B-IP

Merchant certifies eligibility to complete this Self-Assessment Questionnaire because, for this payment channel:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | The merchant uses only standalone, PCI-listed approved PTS point-of-interaction (POI) devices (excludes SCRs and SCRPs) connected via IP to merchant's payment processor to take customers' payment card information; |
| <input type="checkbox"/> | The standalone IP-connected POI devices are validated to the PTS POI program as listed on the PCI SSC website (excludes SCRs and SCRPs);  |
| <input type="checkbox"/> | The standalone IP-connected POI devices are not connected to any other systems within the merchant environment (this can be achieved via network segmentation to isolate POI devices from other systems);             |
| <input type="checkbox"/> | The only transmission of account data is from the approved PTS POI devices to the payment processor;  |
| <input type="checkbox"/> | The POI device does not rely on any other device (e.g., computer, mobile phone, tablet, etc.) to connect to the payment processor;  |
| <input type="checkbox"/> | The merchant does not store account data in electronic format ; <b>and</b>  |
| <input type="checkbox"/> | Any account data the merchant might retain is on paper (for example, printed reports or receipts), and these documents are not received electronically.   |

## Section 2: Self-Assessment Questionnaire B-IP

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|  |  |
|--|--|
| Self-assessment completion date:   | YYYY-MM-DD   |
| Were any requirements in the SAQ unable to be met due to a legal constraint? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



## Section 3: Validation and Attestation Details

### Part 3. PCI DSS Validation

This AOC is based on results noted in SAQ B-IP (Section 2), dated (Self-assessment completion date YYYY-MM-DD).

Based on the results documented in the SAQ B-IP noted above, each signatory identified in any of Parts 3b–3d, as applicable, assert(s) the following compliance status for the merchant identified in Part 2 of this document.

**Select one:**

| <input type="checkbox"/> | <p><b>Compliant:</b> All sections of the PCI DSS SAQ are complete and all requirements are marked as being either 1) In Place, 2) In Place with Remediation, or 3) Not Applicable, resulting in an overall <b>COMPLIANT</b> rating; thereby (<i>Merchant Company Name</i>) has demonstrated compliance with all PCI DSS requirements included in this SAQ.</p>   |                      |   |  |  |  |  |  |  |
|--------------------------|--|----------------------|---|--|--|--|--|--|--|
| <input type="checkbox"/> | <p><b>Non-Compliant:</b> Not all sections of the PCI DSS SAQ are complete, or one or more requirements are marked as Not in Place, resulting in an overall <b>NON-COMPLIANT</b> rating; thereby (<i>Merchant Company Name</i>) has not demonstrated compliance with the PCI DSS requirements included in this SAQ.</p> <p><b>Target Date</b> for Compliance: YYYY-MM-DD</p> <p>A merchant submitting this form with a Non-Compliant status may be required to complete the Action Plan in Part 4 of this document. Confirm with the entity to which this AOC will be submitted <i>before completing Part 4</i>.</p>  |                      |   |  |  |  |  |  |  |
| <input type="checkbox"/> | <p><b>Compliant but with Legal exception:</b> One or more requirements in the PCI DSS SAQ are marked as Not in Place due to a legal restriction that prevents the requirement from being met and all other requirements are marked as being either 1) In Place, 2) In Place with Remediation, or 3) Not Applicable, resulting in an overall <b>COMPLIANT BUT WITH LEGAL EXCEPTION</b> rating; thereby (<i>Merchant Company Name</i>) has demonstrated compliance with all PCI DSS requirements included in this SAQ except those noted as Not in Place due to a legal restriction.</p> <p>This option requires additional review from the entity to which this AOC will be submitted. <i>If selected, complete the following:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Affected Requirement</th> <th style="width: 65%;">Details of how legal constraint prevents requirement from being met</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> | Affected Requirement | Details of how legal constraint prevents requirement from being met |  |  |  |  |  |  |
| Affected Requirement     | Details of how legal constraint prevents requirement from being met  |                      |   |  |  |  |  |  |  |
|                          |  |                      |   |  |  |  |  |  |  |
|                          |  |                      |   |  |  |  |  |  |  |
|                          |  |                      |   |  |  |  |  |  |  |

### Part 3a. Merchant Acknowledgement

**Signatory(s) confirms:**

*(Select all that apply)*

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | PCI DSS Self-Assessment Questionnaire B-IP, Version 4.0, was completed according to the instructions therein.  |
| <input type="checkbox"/> | All information within the above-referenced SAQ and in this attestation fairly represents the results of the merchant's assessment in all material respects. |
| <input type="checkbox"/> | PCI DSS controls will be maintained at all times, as applicable to the merchant's environment.   |

### Part 3b. Merchant Attestation

|  |                         |
|--|-------------------------|
| <i>Signature of Merchant Executive Officer</i> ↑ | <i>Date: YYYY-MM-DD</i> |
| <i>Merchant Executive Officer Name:</i>          | <i>Title:</i>           |

### Part 3c. Qualified Security Assessor (QSA) Acknowledgement

|  |   |
|--|---|
| If a QSA was involved or assisted with this assessment, indicate the role performed: | <input type="checkbox"/> QSA performed testing procedures.  |
|  | <input type="checkbox"/> QSA provided other assistance.<br>If selected, describe all role(s) performed: |

|                                |                         |
|--------------------------------|-------------------------|
| <i>Signature of Lead QSA</i> ↑ | <i>Date: YYYY-MM-DD</i> |
| Lead QSA Name:                 |                         |

|  |                         |
|--|-------------------------|
| <i>Signature of Duly Authorized Officer of QSA Company</i> ↑ | <i>Date: YYYY-MM-DD</i> |
| <i>Duly Authorized Officer Name:</i>                         | <i>QSA Company:</i>     |

### Part 3d. PCI SSC Internal Security Assessor (ISA) Involvement

|  |  |
|--|--|
| If an ISA(s) was involved or assisted with this assessment, indicate the role performed: | <input type="checkbox"/> ISA(s) performed testing procedures.  |
|  | <input type="checkbox"/> ISA(s) provided other assistance.<br>If selected, describe all role(s) performed: |

## Part 4. Action Plan for Non-Compliant Requirements

Only complete Part 4 upon request of the entity to which this AOC will be submitted, and only if the Assessment has a Non-Compliant status noted in Section 3.

If asked to complete this section, select the appropriate response for “Compliant to PCI DSS Requirements” for each requirement below. For any “No” responses, include the date the merchant expects to be compliant with the requirement and a brief description of the actions being taken to meet the requirement.

| PCI DSS Requirement* | Description of Requirement  | Compliant to PCI DSS Requirements<br>(Select One) |                          | Remediation Date and Actions<br>(If “NO” selected for any Requirement) |
|----------------------|---|---|--------------------------|--|
|                      |   | YES   | NO                       |  |
| 1                    | Install and maintain network security controls  | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| 2                    | Apply secure configurations to all system components  | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| 3                    | Protect stored account data   | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| 6                    | Develop and maintain secure systems and software  | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| 7                    | Restrict access to system components and cardholder data by business need to know                               | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| 8                    | Identify users and authenticate access to system components   | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| 9                    | Restrict physical access to cardholder data   | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| 11                   | Test security systems and networks regularly  | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| 12                   | Support information security with organizational policies and programs  | <input type="checkbox"/>                          | <input type="checkbox"/> |  |
| Appendix A2          | Additional PCI DSS Requirements for Entities using SSL/Early TLS for Card-Present POS POI Terminal Connections. | <input type="checkbox"/>                          | <input type="checkbox"/> |  |

\* PCI DSS Requirements indicated above refer to the requirements in Section 2 of the SAQ associated with this AOC.

