

State of Utah
Agency's Annual PCI Self-Assessment Questionnaire Agreement

We are providing this statement in connection with our agency's Payment Card Industry (PCI) Self-Assessment questionnaire for the purpose of acknowledging that we are aware of the risks and harms that might occur to the State if our agency is not in compliance with PCI Data Security Standards (DSS) as established by the Credit Card Industry.

We confirm that our agency is responsible for:

- The completion and accuracy of our agency's PCI Self-Assessment questionnaire.
- The safe handling of sensitive payment information and safeguarding of credit cardholder data.
- The design and implementation of computer software programming and controls over the access of programming data to prevent the misuse of credit cardholder data.
- Establishing and maintaining effective internal controls over credit cardholder data that provides reasonable assurance that such data is managed in compliance with laws, regulations, and provisions that could have a financial impact upon credit cardholder data.
- Any breach or compromise of credit cardholder data obtained from our application or ancillary devices that capture, store, process or transmit data transactions for any acceptance channel.
- The payment of any and all fines or penalties that may result due to non-compliance to the PCI standards or in cases of breach or compromise of our agency's credit cardholder data.
- Identifying future non-compliance issues with PCI standards, informing the Department of Technology Services and the Division of Finance, and resolving all non-compliance issues.

Agency/Department Name: _____

Attach addition sheet if needed:

Merchant Number: _____	Merchant Number: _____
Merchant Number: _____	Merchant Number: _____
Merchant Number: _____	Merchant Number: _____

Department Approvals:

_____ Agency IT Director (Signature)	_____ (Print Name)	_____ Date
_____ Agency Finance Director (Signature)	_____ (Print Name)	_____ Date
_____ Agency Executive Director (Signature)	_____ (Print Name)	_____ Date
_____ If applicable: Division Director (Signature)	_____ (Print Name)	_____ Date