**PCI-DSS SAQ A  
Review & Attestation Worksheet**

**Agency/Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scope Description –** May be defined as offices, divisions or merchant numbers. Please attach additional page if necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an effort to ensure proper due diligence in the completion of PCI Self-Assessment Questionnaires (SAQ), Agency Personnel will review the SAQ requirements applicable to that person’s job function.

* The appropriate employee will only sign off on requirements after proper review and testing of associated components as directed by the SAQ.
* Do not complete the SAQ until after reviews as outlined in the worksheet have been completed.
* Personnel will also verify necessary documentation is in place and known to affected parties on the requirements pertaining to specific job functions.
* If more than one person for a job function needs to complete a review, please use the Signature Overflow Page to collect additional signatures.
* This document will be submitted with the SAQ to the Agency Finance Director for review.
* The Agency Finance Director will then submit this document along with the SAQ and other required documentation to the State Finance PCI Compliance Coordinator.

**AGENCY REVIEW**

**Division/Department Functional Manager** Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Division/Department Functional manager is the agency employee charged with policy creation and managing PCI in the division or department.

1. Does the agency’s SLA with DTS cover all activities requiring PCI-DSS compliance? YES/NO
2. Does the agency have an active policy that is known to all affected parties and addresses all applicable elements of PCI-DSS requirements? YES/NO
3. I have reviewed all requirements on the SAQ, have ensured the necessary testing has been performed and have reviewed documented policies and procedures to ensure the SAQ results are accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Overflow Page**

|  |  |  |  |
| --- | --- | --- | --- |
| PRINT NAME | JOB FUNCTION | SIGNATURE | REQUIREMENTS TESTED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |