**PCI-DSS SAQ C-VT
Review & Attestation Worksheet**

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

**Scope Description –** May be defined as offices, divisions or merchant numbers. Please attach additional page if necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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In an effort to ensure proper due diligence in the completion of PCI Self-Assessment Questionnaires (SAQ), Agency and DTS Personnel will review the SAQ requirements applicable to that person’s job function. The DTS IT Director should manage the DTS Review and then provide this document to the agency for an Agency Review and completion of the SAQ.

* 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.

**DTS REVIEW**

**IT Director** Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To your knowledge, has the agency provided an accurate list of end-point components in the PCI scope? YES/NO
2. Does the agency’s SLA with DTS cover all activities requiring PCI-DSS compliance? YES/NO
3. Does DTS have an active SLA with the agency governing PCI management that covers the entire agency PCI scope? YES/NO
4. I have reviewed the following list of requirements, have ensured necessary testing has been performed and have reviewed documented policies and procedures to ensure the SAQ results are accurate.

IT Director Requirements: A2

Applications Requirements: 6.1, 6.2

IT Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Networking Manager** Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed the following list of requirements, have worked with DTS staff to ensure necessary testing is complete and have reviewed documented policies and procedures to ensure the SAQ results are accurate.

Network Requirements: 1.X, 2.1, 2.1.1, 2.3, 4.1.X, 7.1.X, 8.3.1, 9.1

Networking Team Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hosting Manager** Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed the following list of requirements, have worked with DTS staff to ensure necessary testing is complete and have reviewed documented policies and procedures to ensure the SAQ results are accurate.

Hosting Requirements: 2.1 – 2.2.5, 7.1.2, 8.3.1

1. Users have separate log in credentials for each agency YES/NO
2. Logging and audit controls are segmented by agency YES/NO

Hosting Team Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Edge Team Manager**  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed the following list of requirements, have worked with DTS staff to ensure necessary testing is complete and have reviewed documented policies and procedures to ensure the SAQ results are accurate.

Edge Team Requirements: 2.1, 5.X, 7.1.X, 8.X

Edge Team Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Security**  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have confirmed no cardholder data is stored on the DTS Network. YES/NO
2. I have reviewed the following list of requirements, have ensured the necessary testing has been completed and reviewed documented policies and procedures to ensure the SAQ results are accurate.

Requirements: 11.3.4, 12.1-12.6, 12.10.1

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

**Department of Technology Services CIO**

I have reviewed the work performed by technology services personnel and certify their attestations.

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

**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. To your knowledge as the agency provided an accurate list of end-point components in the PCI scope? YES/NO
2. Does the agency’s SLA with DTS cover all activities requiring PCI-DSS compliance? YES/NO
3. Does the agency have an active policy that is known to all affected parties and addresses all applicable elements of PCI-DSS requirements (NOTE: This includes ensuring DTS has adequate policies in place to meet requirements that are not controlled by the agency)? YES/NO
4. I have reviewed the following list of requirements, have ensured the necessary testing has been performed and have reviewed documented policies and procedures to ensure the SAQ results are accurate.

Requirements: 3.2, 12.X

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

**Functional Manager** Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Functional Manager is the agency employee charged with managing operations within the department or office where credit cards are accepted. The Functional Manager may also oversee field offices where credit cards are accepted.

1. I have reviewed the following list of requirements, have ensured the necessary testing has been performed and have reviewed documented policies and procedures to ensure the SAQ results are accurate.
2. Where applicable, I have confirmed that field offices are operating in compliance with agency policies and the requirements listed below.

Requirements: 3.2 – 3.3, 4.2, 7.1 - 7.1.3, 9.1 – 9.8.1

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

NOTE: If needed, agency management may require field office managers to individually sign off on requirements in the Functional manager section. Please use the Signature Overflow Page in this instance.

**Signature Overflow Page**

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