



Payment Card Industry (PCI) Card Production and Provisioning Physical Security Requirements

Attestation of Compliance for Onsite Assessments

**For use with Card Production and Provisioning
Physical Security Requirements v3.0.1**

Version 3.0.1

May 2024

Section 1: Assessment Information

Instructions for Submission

This Attestation of Compliance must be completed as a declaration of the results of the card vendor's assessment with the *Payment Card Industry Card Production and Provisioning Physical Security Requirements (PCI CPPPSR)*. Complete all sections: The card vendor is responsible for ensuring that each section is completed by the relevant parties, as applicable. Contact the requesting payment brand for reporting and submission procedures.

Part 1. Card Vendor and Card Production Security Assessor – Physical Controls (CPSA-P) Information

Part 1a. Card Production and Provisioning Organization Information

Company Name:					
DBA (doing business as):			Business Identifier:		
Contact Name:			Title:		
Telephone:			E-mail:		
Business Address:			City:		
State/Province:		Country:		Postal Code:	
Company URL:					

Part 1b. Card Production Security Assessor Company Information (if applicable)

Company Name:					
Lead Assessor Contact Name:			Title:		
Telephone:			E-mail:		
Business Address:			City:		
State/Province:		Country:		Postal Code:	
Company URL:					

Part 2. Executive Summary

Part 2a. Scope Verification

Activities that are INCLUDED in the scope of card production activities at this facility
(check all that apply):

Type of Assessment

- ☐ Annual audit – no change in activities
☐ Existing location that added activities
☐ Initial (new facility)

Card Production Activities Assessed:

- | | |
|---|--|
| <input type="checkbox"/> Card Manufacturing | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Data Preparation | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Pre-Personalization | <input type="checkbox"/> PIN Printing and Mailing (personalization, credit or debit) |
| <input type="checkbox"/> Fulfillment | <input type="checkbox"/> PIN Printing (non-personalized prepaid cards) |
| <input type="checkbox"/> Packaging | <input type="checkbox"/> Electronic PIN Distribution |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Chip Embedding | |
| <input type="checkbox"/> Card Personalization | |
| <input type="checkbox"/> Chip Personalization | |

Mobile Provisioning Activities Assessed:

☐ Secure Element Provisioning Activities

Product/Solution	Description

☐ Cloud-based (HCE) Provisioning Activities

Product/Solution	Description

Part 2. Executive Summary *(continued)*

Part 2b. Locations

• Address of facility where assessment was performed:		
• Date of Report (yyyy/mm/dd):		
• Timeframe of assessment (start date to completion date):	Start date (yyyy/mm/dd):	
	Completion date (yyyy/mm/dd):	
• Was the review done onsite or remotely:	Select	
• If remotely, state the rationale:		
• If applicable, identify date(s) spent onsite at the entity:	Start date (yyyy/mm/dd):	
	Completion date (yyyy/mm/dd):	

Part 2. Executive Summary *(continued)*

Part 2c. Summary of Requirements Tested

For each PCI Card Production and Provisioning Physical Security Requirement, select one of the following:

- **Full** – The requirement and all sub-requirements of that requirement were assessed, and no sub-requirements were marked as “Not Applicable” in the ROC.
- **Partial** – One or more sub-requirements of that requirement were marked as “Not Applicable” in the ROC.
- **None** – All sub-requirements of that requirement were marked as “Not Applicable” in the ROC.

Note: *Payment brand waivers do not constitute full compliance.*

For all requirements identified as either “Partial” or “None,” provide details in the “Justification for Approach” column, including:

- Details of specific sub-requirements that were marked as “Not Applicable” in the ROC
- Reason why sub-requirement(s) were not applicable.

Note: *One table to be completed for each service covered by this AOC. Additional copies of this section are available on the PCI SSC website.*

PCI Card Production and Provisioning Physical Security	Details of Requirements Assessed			
	Full	Partial	None	Justification for Approach (Required for all “Partial” and “None” responses. Identify which sub-requirements were not applicable and the reason.)
Section 1: Roles and Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 2: Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: Production Procedures and Audit Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 4: Packaging and Delivery Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 5: PIN Printing and Packaging for Non- personalized Prepaid Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appendix B: Logical Security Requirements – CCTV and Access Control System (ACS) Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 2. Executive Summary *(continued)*

Part 2d. Security Operations Center and Security Control Room Reporting

<ul style="list-style-type: none"> Security Operations Center This facility operates a SOC (Subject to Appendix C) 		Select				
<ul style="list-style-type: none"> Remote SOC This facility is monitored by a SOC (Subject to Appendix C) 		Select	<p>If yes, indicate the Country, City and Payment Brand Identification Code in the fields below of the remote SOC. If monitored by more than one remote SOC, enter the details for the primary remote SOC.</p> <p>If the facility was monitored remotely for a period less than the full audit cycle, indicate the start and end dates that the facility was monitored by the remote SOC. If multiple start and end dates apply, enter the first start date and the last end date.</p>			
Remote SOC Location:	Country:		City:		Payment Brand Identification Code:	
Full Audit Cycle?	Select	If not, enter the period that the facility was monitored by a remote SOC.	Start date (yyyy/mm/dd):		End date (yyyy/mm/dd):	
<ul style="list-style-type: none"> Security Control Room This facility operates an SCR and has not been monitored by a remote SOC (Subject to Appendix C) for any part of the current audit cycle. 		Select				

Section 2: Report on Compliance

This Attestation of Compliance reflects the results of an onsite assessment, which is documented in an accompanying Report on Compliance (ROC).

The assessment documented in this attestation and in the ROC was completed on:		
Were any requirements in the ROC identified as being not applicable (N/A)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any requirements not tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any requirements in the ROC 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 Card Production and Provisioning Physical Security Validation

Based on the results noted in the ROC dated (*completion date*), the signatories identified in Parts 3b-3c, as applicable, assert(s) the following compliance status for the entity identified in Part 2 of this document as of (*date*): (**check one**):

- ☐ **Compliant:** All sections of the PCI Card Production and Provisioning Physical Security ROC are complete, all questions answered affirmatively, resulting in an overall **COMPLIANT** rating; thereby (*Card Production and Provisioning Vendor Company Name*) has demonstrated full compliance with the *PCI Card Production and Provisioning Physical Security Requirements*.

Note: Payment brand waivers do not override reporting of non-compliance.

- ☐ **Non-Compliant:** Not all sections of the PCI Card Production and Provisioning Physical Security ROC are complete, or not all questions are answered affirmatively, resulting in an overall **NON-COMPLIANT** rating, thereby (*Card Production and Provisioning Vendor Company Name*) has not demonstrated full compliance with the *PCI Card Production and Provisioning Physical Security Requirements*.

Target Date for Compliance:

An entity submitting this form with a status of Non-Compliant may be required to complete the Action Plan in Part 4 of this document. *Check with the payment brand(s) before completing Part 4.*

- ☐ **Non-Compliant due to Legal exception:** One or more requirements are marked non-compliant as "Open" or "New" due to a legal restriction that prevents the requirement from being met. This option requires additional review from the payment brand.

Note: Contractual obligations or legal advice are not legal restrictions. If checked, complete the following:

Affected Requirement	Details of how legal constraint prevents requirement being met

Part 3a. Acknowledgement of Status

Signatory(s) confirms:

(**Check all that apply**)

- ☐ The ROC was completed according to the *PCI Card Production and Provisioning Physical Security Requirements*, Version (*version number*), and was completed according to the instructions therein.
- ☐ All information within the above-referenced ROC and in this attestation fairly represents the results of my assessment in all material respects.
- ☐ I have read the *PCI Card Production and Provisioning Physical Security Requirements* and I recognize that I must maintain PCI Card Production Security Requirements compliance, as applicable to my environment, at all times.
- ☐ If my environment changes, I recognize I must reassess my environment and implement any additional *PCI Card Production and Provisioning Physical Security Requirements* that apply.

Part 3b. Card Production and Provisioning Vendor Attestation

Signature of Card Production and Provisioning Vendor Executive Officer ↑

Card Production and Provisioning Vendor Executive Officer Name:

Title:

Date:

Part 3c. Security Assessor Acknowledgement (if applicable)

If a Security Assessor was involved or assisted with this assessment, describe the role performed:

Signature of Assessor ↑

Date:

Assessor Name:

Assessor Company:

Part 4. Action Plan for Non-Compliant Requirements

Select the appropriate response for “Compliant to PCI Card Production Security Requirements” for each requirement. If you answer “No” to any of the requirements, you may be required to provide the date your Company expects to be compliant with the requirement and a brief description of the actions being taken to meet the requirement.

Check with the applicable payment brand(s) before completing Part 4.

PCI Card Production and Provisioning Physical Section	Description of Requirement	Compliant to PCI Card Vendor Security Requirements (Select One)		Remediation Date and Actions (If “NO” selected for any Requirement)
		YES	NO	
1	Roles and Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	
2	Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
3	Production Procedures and Audit Trails	<input type="checkbox"/>	<input type="checkbox"/>	
4	Packaging and Delivery Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
5	PIN Printing and Packaging for Non-personalized Prepaid Cards	<input type="checkbox"/>	<input type="checkbox"/>	
Appendix B	Logical Security Requirements – CCTV and Access Control System Administration	<input type="checkbox"/>	<input type="checkbox"/>	

