



Insert company
logo here

PCI DSS Certificate of Compliance

Payment Card Industry Data Security Standards | Version 2.0

In accordance with the Payment Card Industry Data Security Standards, [company name] has successfully undertaken all necessary requirements for achieving compliance with PCI DSS, Version 2.0, as mandated by all applicable publications put forth by the Payment Card Industry Security Standards Council (PCI SSC) at www.pcisecuritystandards.org.

Company Name: _____ Address: _____

Merchant ID Number | MID (If Applicable): _____

Self-Assessment Questionnaire (SAQ) Used for Validation: _____

Date of Vulnerability Scan (If applicable): ____/____/____ Status of Scan (If Applicable): _____

Date of Overall Successful PCI SAQ Certification: ____/____/____ Expiration Date: ____/____/____

Disclaimer: The aforementioned PCI DSS Self-Assessment Questionnaire (SAQ) certification information has been provided by management of [company name] and represents self-certification from the organization itself, and not any other outside third party provider. While [company name] may have utilized the services of various organizations for purposes of providing policies, procedures, scanning services (if applicable) and other necessary support, certification regarding self-assessment and validation, along with continued compliance, is solely our responsibility and we place no conditions, exposures, or liability on such external organizations.

Name of Company Officer: _____ Signature: _____ Date: ____/____/____

