



Payment Card Industry (PCI) Pre-Qualification Form

Date: _____

Type of Request:	New Process	Change Process
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Please complete **ALL** sections of this form. Incomplete forms will delay the review process.

A. Department/School Contact Information

- Department/School: _____
- Senior Business Officer/Fiscal Officer:
 - Phone Number: _____
 - Email Address: _____
 - Mailing Address: _____
- IT Director/Administrator:
 - Phone Number: _____
 - Email Address: _____
 - Mailing Address: _____
- Merchant ID(s) (if applicable): _____

B. Network Diagram

Please attach a network diagram that illustrates all connections between the cardholder data environment and other networks.

C. Card Flow Diagram

Please attach a current business flow diagram and description of the cardholder data process across systems and networks (i.e., receiving, processing, and transmitting credit card information).

D. Business Purpose

- Describe the business purpose for processing credit card transactions.

- Please provide the following:
 - Estimated revenue amount of credit card sales. _____
 - Estimated number of annual credit card transactions. _____
 - Estimated average dollar amount per transaction. _____

E. How will credit card information be obtained? Please select all that apply.

- | | | |
|-----------|-------|---------------------|
| In-person | Phone | Mail |
| Fax | Email | Online (e-commerce) |



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F. How will credit card information be processed? Please select all that apply.

- Dial-up terminal IP terminal Wireless terminal POS-purchased system
- POS - customized system USC hosted website Third-party hosted website

G. Is a third-party processing credit card transactions on your behalf (either by licensing a third-party POS system or having a third-party hosted website)?

Yes No

If yes, provide the following:

- 1. Company name: _____
- 2. Contact name and title: _____
- 3. Phone number: _____

H. If a third-party is accessing (processing or storing) credit card information on your behalf, has a Security Addendum been signed?

Yes (if yes, provide a copy) No (if no, provide an expected date of completion)

I. Will credit card information be stored? Yes No

If yes, answer the following questions:

- 1. Will credit card data be stored by paper?

- 2. Will credit card data be stored electronically?
a. Encrypted
b. Unencrypted
- 3. What is the purpose for storing credit card information?

- 4. How long will credit card information be stored?

- 5. Is the credit card information secured? If so, please explain.

- 6. Will the credit card information be redacted or destroyed? If so, please explain.



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J. Where will credit cards be processed? Check all that apply.

Online - provide website address: _____

USC location - provide address: _____

Other - please describe: _____

K. List all individuals that will be handling credit card information and/or processing payments:

<u>Name</u>	<u>Title</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

L. Have all individuals completed PCI Training via TrojanLearn?

Yes

No (provide an expected date of completion) _____

M. Please attach a copy of the signed PCI Security Safeguards (Appendix A of USC's PCI Policy)

I certify that the information above is accurate and complete, and that I will promptly notify Treasury Services of any changes.

Senior Business Officer/Fiscal Officer

Approved By:

IT Director/Administrator

USC Treasury Services

Date:

Date: