USC PCI PRE-QUALIFICATION FORM

New Process___   Change Process___   Date:_____

Please complete all of the information requested below. The form will not be reviewed until all information is provided.

A.   Contact Information

   1. Name of Responsible Business Contact/Owner:

   Email Address:

   Cell phone number:

   2. Name of Responsible IT Administrator:

   Email Address:

   Cell Phone Number:

   3. Department:

   4. School/Unit:

   5. Merchant ID(s):

B.   Network Diagram. Please attach a network diagram which shows all connections between the cardholder data environment and other networks.

C.   Card Flow Diagram. Please attach a current card flow diagram which represents how cardholder data flows across systems and networks along with a description of the business process of receiving, processing and transmitting credit card data.

D.   Business Purpose:

   What is the business purpose for requesting permission to process credit card transactions?

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

   1. In-person
   2. Phone
   3. Mail
   4. Facsimile
   5. Email
   6. Website

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F.   How will credit card information be processed? Please select all that apply.
1. Dial-up Terminal
2. IP Terminal
3. Wireless Terminal
4. POS-Purchased System
5. POS – Customized System
6. USC Hosted Website
7. Third party Hosted Website

G.   If a third party is processing credit card information on your behalf, please provide the name below (i.e., if you are licensing a third party POS system and/or a third party is hosting the website)

Name of third party:_____

Third Party Contact:

Title of Third Party Contact:

N/A

H.   If a third party is processing, storing or otherwise accessing credit cards on USC's behalf, has the USC Security Addendum been signed?

Yes (If Yes, please provide copy)
No   (If No, please explain and provide expected date of completion)
Not Applicable

I.   Will Credit Card Data Be Stored? Please select all that apply.
1. No
2. Yes, via paper
3. Yes, electronically and unencrypted
4. Yes, electronically and encrypted
5. Don't know
6. If Yes, please describe:
a) If any sensitive card data will be stored (full account number, CVV code, PIN);
b) The purpose for storing the credit card data;

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    c)   The length of time that the data will be stored;

    d)   How is the data being secured;

    e)   How and when will the credit card data be redacted and/or destroyed

J.   In what locations will credit cards be processed? Check all that apply.

1.   Online

2.   USC – give address

3.   Other – describe

K.   List all individuals who will handle credit card information and/or process credit cards (list individuals who have not otherwise been provided in prior submissions):

L.   Have all of these individuals completed PCI Training?

1.   Yes
2.   No (If No, please provide expected date of completion)
3.   Don't Know

M.   List all of the devices that will be used to process credit cards:

1.   Laptop
2.   Mobile device
3.   Workstation
4.   Other _____

N. Has the PCI Security Safeguards (Appendix A of the USC PCI Policy) been signed? Please provide a copy.

I certify that the above information provided is accurate and complete and that I will promptly update this information in the event of any changes.

_____
Business Contact/Owner Name

_____
IT Administrator Name

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USC Treasury Services Use Only:

Reviewed & Approved by Treasury Services

Signature:_____
Date:_____

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