Mastercard Site Data Protection (SDP) Program

Terminal Servicer Qualified Integrator & Reseller (QIR) Participation Validation Form

Purpose

The completion of this form serves as an alternative to validating compliance with the Payment Card Industry Data Security Standard (PCI DSS) for eligible Terminal Servicers.

Instructions

Complete, sign, scan, and email this form to pcireports@mastercard.com.

Mastercard will evaluate the completeness of this form and will notify the Terminal Servicer regarding the status of the submission.

NOTE: A Terminal Servicer that has suffered a confirmed Account Data Compromise (ADC) Event will be reclassified to become a Level 1 Service Provider. Compliance validation requirements for Level 1 Service Providers will then apply.

Terminal Servicer Information *(required)*

Terminal Servicer Legal Name: _____

Doing Business As (DBA) Name: _____

Street Address: _____

City: _____

State/Province: _____

Country: _____

ZIP/Postal Code: _____

Website: _____

Terminal Servicer Contact Name: _____

Title: _____

Phone: _____

Email: _____

Terminal Servicer Confirms *(required)*

☐ Terminal Servicer is registered with Mastercard

☐ Terminal Servicer does not perform services involving the storage, transmission, or processing of account, cardholder, or transaction data but has access to such data within the Cardholder Data Environment (CDE) (as the term is defined by the PCI Security Standards Council [SSC])

☐ Terminal Servicer's staff engaged in providing ongoing maintenance and support of terminals have been trained and certified annually through the PCI SSC-offered QIR Program

☐ Terminal Servicer's staff is completely and accurately listed on the PCI SSC's website as trained and certified through the QIR Program

☐ Terminal Servicer has not been identified by Mastercard as having experienced an ADC Event

Required Signature

By signing this document, the Terminal Servicer attests that the information provided herein is accurate and complete and confirms its commitment to operate in accordance with Mastercard Standards.

_____

(Signature of Terminal Servicer Officer) *(Date)*