



Payment Card Industry (PCI) Data Security Standard

Attestation of Compliance for Self-Assessment Questionnaire A

Version 1.2

October 2008

Attestation of Compliance, SAQ A

Instructions for Submission

The merchant must complete this Attestation of Compliance as a declaration of the merchant's compliance status with the *Payment Card Industry Data Security Standard (PCI DSS) Requirements and Security Assessment Procedures*. Complete all applicable sections and refer to the submission instructions at "PCI DSS Compliance – Completion Steps" in this document.

Part 1. Qualified Security Assessor Company Information (if applicable)

Company Name:			
Lead QSA Contact Name:	Title:		
Telephone:	E-mail:		
Business Address:	City:		
State/Province:	Country:	ZIP:	
URL:			

Part 2. Merchant Organization Information

Company Name:	HIDALGO COUNTY TAX COLLECTORS OFFICE	DBA(S):	2108
Contact Name:	SANTOS CASTILLEJA III	Title:	ACCOUNTANT
Telephone:	956-292-7000 EXT. 4764	E-mail:	santos.castilleja@taxoffice.co.hidalgo.tx.us
Business Address:	2802 S. US BUS. HWY 281	City:	EDINBURG
State/Province:	Texas	Country:	USA ZIP: 78539
URL:			

Part 2a. Type of merchant business (check all that apply):

- Retailer
 Telecommunication
 Grocery and Supermarkets
 Petroleum
 E-Commerce
 Mail/Telephone-Order
 Others (please specify): Title & Registration of Vehicles in Hidalgo County

List facilities and locations included in PCI DSS review: Edinburg Office

Part 2b. Relationships

Does your company have a relationship with one or more third-party service providers (for example, gateways, web-hosting companies, airline booking agents, loyalty program agents, etc)? Yes No

Does your company have a relationship with more than one acquirer? Yes No

Part 2c. Eligibility to Complete SAQ A

Merchant certifies eligibility to complete this shortened version of the Self-Assessment Questionnaire because:

<input checked="" type="checkbox"/>	Merchant does not store, process, or transmit any cardholder data on merchant premises but relies entirely on third party service provider(s) to handle these functions;
<input checked="" type="checkbox"/>	The third-party service provider(s) handling storage, processing, and/or transmission of cardholder data is confirmed to be PCI DSS compliant;
<input checked="" type="checkbox"/>	Merchant does not store any cardholder data in electronic format; and
<input checked="" type="checkbox"/>	If Merchant does store cardholder data, such data is only in paper reports or copies of receipts and is not received electronically.

Part 3. PCI DSS Validation

Based on the results noted in the SAQ A dated (*completion date*), (*Merchant Company Name*) asserts the following compliance status (check one):

- Compliant:** All sections of the PCI SAQ are complete, and all questions answered "yes," resulting in an overall **COMPLIANT** rating, thereby (*Merchant Company Name*) has demonstrated full compliance with the PCI DSS.
- Non-Compliant:** Not all sections of the PCI SAQ are complete, or some questions are answered "no," resulting in an overall **NON-COMPLIANT** rating, thereby (*Merchant Company Name*) has not demonstrated full compliance with the PCI DSS.

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 your acquirer or the payment brand(s) before completing Part 4, since not all payment brands require this section.*

Part 3a. Confirmation of Compliant Status

Merchant confirms:

<input checked="" type="checkbox"/>	PCI DSS Self-Assessment Questionnaire A, Version (<i>SAQ version #</i>), was completed according to the instructions therein.
<input checked="" type="checkbox"/>	All information within the above-referenced SAQ and in this attestation fairly represents the results of my assessment.
<input checked="" type="checkbox"/>	I have read the PCI DSS and I recognize that I must maintain full PCI DSS compliance at all times.

Part 3b. Merchant Acknowledgement

	4/29/2010
Signature of Merchant Executive Officer ↑	Date ↑
ARMANDO BARRERA JR.	HIDALGO COUNTY TAX ASSESSOR COLLECTOR
Merchant Executive Officer Name ↑	Title ↑

Merchant Company Represented ↑

Part 4. Action Plan for Non-Compliant Status

Please select the appropriate "Compliance Status" for each requirement. If you answer "NO" to any of the requirements, you are required to provide the date Company will be compliant with the requirement and a brief description of the actions being taken to meet the requirement. *Check with your acquirer or the payment brand(s) before completing Part 4, since not all payment brands require this section.*

PCI DSS Requirement	Description of Requirement	Compliance Status (Select One)		Remediation Date and Actions (if Compliance Status is "NO")
		YES	NO	
9	Restrict physical access to cardholder data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Maintain a policy that addresses information security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

