# COVID-19 P2PE Assessment Attestation

1. Instructions

P2PE Product Vendors may request the allowances noted below for a given P2PE Solution, P2PE Component, or P2PE Application (each a “P2PE Product”) by completing, signing and submitting this form via email to the P2PE Program Manager at [P2PE@pcisecuritystandards.org](mailto:P2PE@pcisecuritystandards.org), Select one:

* P2PE Products due for annual revalidation before June 30, 2021:
  1. Available if COVID-19 related restrictions have prevented completion of the annual PCI DSS assessment for the decryption environment of the applicable P2PE Product.
  2. Permits acceptance of the corresponding AOV without the PCI DSS assessment box checked.
  3. There will be no change to the listed Reassessment Date.
* P2PE Products due for 3-year Reassessment before June 30, 2021:
  1. Available if COVID-19 related restrictions have prevented the full assessment of the applicable P2PE Product.
  2. Grants six-month extension to the applicable Reassessment Date.

2. Attestation

By signing below, the undersigned P2PE Product provider or vendor (“Company”) hereby attests, confirms and agrees that: (a) the P2PE Product identified immediately below is currently in adherence to the PCI P2PE Standard and applicable Program requirements (including but not limited to, that the decryption environment (if applicable) is in adherence to the PCI DSS); (b) Company will maintain such adherence; and (c) Company will notify PCI SSC immediately in the event such adherence is not maintained.

P2PE Product Category: (P2PE Solution, P2PE Component, P2PE Application) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P2PE Approval Reference No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P2PE Product Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Reassessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P2PE Vendor Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By (Officer signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_