



Payment Card Industry Data Security Standard

Attestation of Compliance for Self-Assessment Questionnaire D for Service Providers

For use with PCI DSS Version 4.0

Publication Date: April 2022

Section 1: Assessment Information

Instructions for Submission

This document must be completed as a declaration of the results of the entity's self-assessment against the *Payment Card Industry Data Security Standard (PCI DSS) Requirements and Testing Procedures*. Complete all sections: The entity is responsible for ensuring that each section is completed by the relevant parties, as applicable. Contact the entity(ies) to which the Attestation of Compliance (AOC) will be submitted for reporting and submission procedures.

This AOC reflects the results documented in an associated Self-Assessment Questionnaire (SAQ).

Capitalized terms used but not otherwise defined in this document have the meanings set forth in the PCI DSS Self-Assessment Questionnaire.

Part 1. Contact Information

Part 1a. Assessed Entity

Company name:	BookingCenter.com LLC
DBA (doing business as):	BookingCenter
Company mailing address:	1228 Eureka Ave, Davis, CA 95616 USA
Company main website:	www.BookingCenter.com
Company contact name:	Jesse Chieppa
Company contact title:	DevOps
Contact phone number:	+1-707-874-3922
Contact e-mail address:	jesse@bookingcenter.com

Part 1b. Assessor

Provide the following information for all assessors involved in the assessment. If there was no assessor for a given assessor type, enter Not Applicable.

PCI SSC Internal Security Assessor(s)

ISA name(s):	Not Applicable
Qualified Security Assessor	
Company name:	
Company mailing address:	
Company website:	
Lead Assessor Name:	
Assessor phone number:	
Assessor e-mail address:	
Assessor certificate number:	

Part 2. Executive Summary

Part 2a. Scope Verification

Services that were INCLUDED in the scope of the PCI DSS Assessment (select all that apply):

Name of service(s) assessed:		
Type of service(s) assessed:		
Hosting Provider: <input checked="" type="checkbox"/> Applications / software <input checked="" type="checkbox"/> Hardware <input checked="" type="checkbox"/> Infrastructure / Network <input checked="" type="checkbox"/> Physical space (co-location) <input checked="" type="checkbox"/> Storage <input checked="" type="checkbox"/> Web-hosting services <input type="checkbox"/> Security services <input type="checkbox"/> 3-D Secure Hosting Provider <input type="checkbox"/> Multi-Tenant Service Provider <input type="checkbox"/> Other Hosting (specify):	Managed Services (specify): <input type="checkbox"/> Systems security services <input type="checkbox"/> IT support <input type="checkbox"/> Physical security <input type="checkbox"/> Terminal Management System <input type="checkbox"/> Other services (specify):	Payment Processing: <input checked="" type="checkbox"/> POI / card present <input checked="" type="checkbox"/> Internet / e-commerce <input checked="" type="checkbox"/> MOTO / Call Center <input type="checkbox"/> ATM <input type="checkbox"/> Other processing (specify): Virtual SSL ver 2 Sierra platform, Stripe, Portico via Heartland Payment Systems
<input type="checkbox"/> Account Management	<input type="checkbox"/> Fraud and Chargeback	<input type="checkbox"/> Payment Gateway/Switch
<input type="checkbox"/> Back-Office Services	<input type="checkbox"/> Issuer Processing	<input type="checkbox"/> Prepaid Services
<input checked="" type="checkbox"/> Billing Management	<input type="checkbox"/> Loyalty Programs	<input type="checkbox"/> Records Management
<input type="checkbox"/> Clearing and Settlement	<input type="checkbox"/> Merchant Services	<input type="checkbox"/> Tax/Government Payments
<input type="checkbox"/> Network Provider		
<input type="checkbox"/> Others (specify):		

Note: These categories are provided for assistance only and are not intended to limit or predetermine an entity's service description. If these categories do not apply to the assessed service, complete "Others." If it is not clear whether a category could apply to the assessed service, consult with the entity(ies) to which this AOC will be submitted.

Part 2. Executive Summary *(continued)*

Part 2a. Scope Verification *(continued)*

Services that are provided by the service provider but were NOT INCLUDED in the scope of the PCI DSS Assessment (select all that apply):

Name of service(s) not assessed:

Type of service(s) not assessed:

Hosting Provider: <input type="checkbox"/> Applications / software <input type="checkbox"/> Hardware <input type="checkbox"/> Infrastructure / Network <input type="checkbox"/> Physical space (co-location) <input type="checkbox"/> Storage <input type="checkbox"/> Web-hosting services <input type="checkbox"/> Security services <input type="checkbox"/> 3-D Secure Hosting Provider <input type="checkbox"/> Multi-Tenant Service Provider <input type="checkbox"/> Other Hosting (specify):	Managed Services (specify): <input type="checkbox"/> Systems security services <input type="checkbox"/> IT support <input type="checkbox"/> Physical security <input type="checkbox"/> Terminal Management System <input type="checkbox"/> Other services (specify):	Payment Processing: <input type="checkbox"/> POI / card present <input type="checkbox"/> Internet / e-commerce <input type="checkbox"/> MOTO / Call Center <input type="checkbox"/> ATM <input type="checkbox"/> Other processing (specify):
<input type="checkbox"/> Account Management <input type="checkbox"/> Back-Office Services <input type="checkbox"/> Billing Management <input type="checkbox"/> Clearing and Settlement <input type="checkbox"/> Network Provider <input type="checkbox"/> Others (specify):	<input type="checkbox"/> Fraud and Chargeback <input type="checkbox"/> Issuer Processing <input type="checkbox"/> Loyalty Programs <input type="checkbox"/> Merchant Services	<input type="checkbox"/> Payment Gateway/Switch <input type="checkbox"/> Prepaid Services <input type="checkbox"/> Records Management <input type="checkbox"/> Tax/Government Payments

Provide a brief explanation why any checked services were not included in the assessment:

Part 2b. Description of Role with Payment Cards

Describe how the business stores, processes, and/or transmits account data.	We store encrypted card numbers only for PMS customers who choose to, and allow them to set a 'Expunge' policy for only as long as 90 days after checkout due to business needs. No swiped or CVV info is ever stored. Most customers only capture and pass on in an SSL session for authorization purposes only. For all EMV transactions, only tokenized data is stored in either BookingCenter or the EMV device.
Describe how the business is otherwise involved in or has the ability to impact the security of its customers' account data.	We manage card data as per minimum business needs for hotel operations and let our PMS customers determine who – and in what detail – any card info is presented.
Describe system components that could impact the security of account data.	Possession of EMV devices, and access to secure data stored via encryption are the only components to possibly affect security.

Part 2. Executive Summary *(continued)*

Part 2c. Description of Payment Card Environment

Provide a **high-level** description of the environment covered by this assessment.

For example:

- *Connections into and out of the cardholder data environment (CDE).*
- *Critical system components within the CDE, such as POI devices, databases, web servers, etc., and any other necessary payment components, as applicable.*
- *System components that could impact the security of account data.*

Cardholder data is stored tokenized for all EMV customers. As an encrypted pair for full card details for customers choosing to preserve access to cardholder data, expunged at intervals set by the customer, but never longer than 90 days. The critical systems that store the tokens or encrypted data -databases and web services - are maintained using industry best practices and always up-to-date components and patches, with biometric access required to access any physical device.

Indicate whether the environment includes segmentation to reduce the scope of the assessment.

(Refer to "Segmentation" section of PCI DSS for guidance on segmentation.)

☒ Yes ☐ No

Part 2d. In-Scope Locations/Facilities

List all types of physical locations/facilities—for example, corporate offices, data centers, call centers, and mail rooms—in scope for the PCI DSS assessment.

Facility Type	Total number of locations (How many locations of this type are in scope)	Location(s) of facility (city, country)
<i>Example: Data centers</i>	3	<i>Boston, MA, USA</i>
Co-location facility	1	Santa Clara, CA USA

Part 2. Executive Summary *(continued)*

Part 2e. PCI SSC Validated Products and Solutions

Does the entity use any item identified on any PCI SSC Lists of Validated Products and Solutions*?

☐ Yes ☒ No

Provide the following information regarding each item the entity uses from PCI SSC's Lists of Validated Products and Solutions.

Name of PCI SSC-validated Product or Solution	Version of Product or Solution	PCI SSC Standard to which product or solution was validated	PCI SSC listing reference number	Expiry date of listing (YYYY-MM-DD)
Virtual SSL	1.2	Level 3	Not Applicable	12-23-2027
VersioPay	3	Level 3	Not Applicable	09-23-2026

* For purposes of this document, "Lists of Validated Products and Solutions" means the lists of validated products, solutions, and/or components appearing on the PCI SSC website (www.pcisecuritystandards.org)—for example, 3DS Software Development Kits, Approved PTS Devices, Validated Payment Software, Payment Applications (PA-DSS), Point to Point Encryption (P2PE) solutions, Software-Based PIN Entry on COTS (SPoC) solutions, and Contactless Payments on COTS (CPoC) solutions.

Part 2. Executive Summary *(continued)*

Part 2f. Third-Party Service Providers

For the services being validated, does the entity have relationships with one or more third-party service providers that:

<ul style="list-style-type: none"> Store, process, or transmit account data on the entity's behalf (for example, payment gateways, payment processors, payment service providers (PSPs), and off-site storage) 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Manage system components included in the scope of the entity's PCI DSS assessment—for example, via network security control services, anti-malware services, security incident and event management (SIEM), contact and call centers, web-hosting services, and IaaS, PaaS, SaaS, and FaaS cloud providers. 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> Could impact the security of the entity's CDE—for example, vendors providing support via remote access, and/or bespoke software developers. 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If Yes:

Name of service provider:	Description of service(s) provided:
Global Payments	Merchant Processor
AuthorizeNet	Payment Gateway

Note: Requirement 12.8 applies to all entities in this list.

Part 2g. Summary of Assessment

(SAQ Section 2 and related appendices)

Indicate below all responses that were selected for each PCI DSS requirement.

PCI DSS Requirement	Requirement Responses					
	More than one response may be selected for a given requirement. Indicate all responses that apply.					
	In Place	In Place with CCW	In Place with Remediation	Not Applicable	Not Tested	Not in Place
Requirement 1:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 3:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 4:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 5:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 6:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 7:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 8:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 9:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 10:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 11:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 12:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix A1:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix A2:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Self-Assessment Questionnaire D for Service Providers

Self-assessment completion date:	2025-01-31
Were any requirements in the SAQ unable to be met due to a legal constraint?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section 3: Validation and Attestation Details

Part 3. PCI DSS Validation

This AOC is based on results noted in SAQ D (Section 2), dated (Self-assessment completion date 2025-01-31).

Indicate below whether a full or partial PCI DSS assessment was completed:

- ☒ **Full** – All requirements have been assessed therefore no requirements were marked as Not Tested in the SAQ.
- ☐ **Partial** – One or more requirements have not been assessed and were therefore marked as Not Tested in the SAQ. Any requirement not assessed is noted as Not Tested in Part 2g above.

Based on the results documented in the SAQ D noted above, each signatory identified in any of Parts 3b–3d, as applicable, assert(s) the following compliance status for the entity identified in Part 2 of this document.

Select one:

<input checked="" type="checkbox"/>	<p>Compliant: All sections of the PCI DSS SAQ are complete, and all assessed requirements are marked as being either 1) In Place, 2) In Place with Remediation, or 3) Not Applicable, resulting in an overall COMPLIANT rating; thereby (<i>Service Provider Company Name</i>) has demonstrated compliance with all PCI DSS requirements included in this SAQ except those noted as Not Tested above.</p>								
<input type="checkbox"/>	<p>Non-Compliant: Not all sections of the PCI DSS SAQ are complete, or one or more requirements are marked as Not in Place, resulting in an overall NON-COMPLIANT rating, thereby (<i>Service Provider Company Name</i>) has not demonstrated compliance with the PCI DSS requirements included in this SAQ.</p> <p>Target Date for Compliance: YYYY-MM-DD</p> <p>An entity submitting this form with a Non-Compliant status may be required to complete the Action Plan in Part 4 of this document. Confirm with the entity to which this AOC will be submitted <i>before completing Part 4</i>.</p>								
<input type="checkbox"/>	<p>Compliant but with Legal exception: One or more assessed requirements in the PCI DSS SAQ are marked as Not in Place due to a legal restriction that prevents the requirement from being met and all other assessed requirements are marked as being either 1) In Place, 2) In Place with Remediation, or 3) Not Applicable, resulting in an overall COMPLIANT BUT WITH LEGAL EXCEPTION rating; thereby (<i>Service Provider Company Name</i>) has demonstrated compliance with all PCI DSS requirements included in this SAQ except those noted as Not Tested above or as Not in Place due to a legal restriction.</p> <p>This option requires additional review from the entity to which this AOC will be submitted. <i>If selected, complete the following:</i></p> <table border="1"> <thead> <tr> <th>Affected Requirement</th> <th>Details of how legal constraint prevents requirement from being met</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Affected Requirement	Details of how legal constraint prevents requirement from being met						
Affected Requirement	Details of how legal constraint prevents requirement from being met								

Part 3a. Service Provider Acknowledgement

Signatory(s) confirms:

(Select all that apply)

<input checked="" type="checkbox"/>	PCI DSS Self-Assessment Questionnaire D, Version 4.0 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 the entity's assessment in all material respects.
<input checked="" type="checkbox"/>	PCI DSS controls will be maintained at all times, as applicable to the entity's environment.

Part 3b. Service Provider Attestation

Jeff Tweddale

Signature of Service Provider Executive Officer ↑	Date: 2025-01-31
Service Provider Executive Officer Name: Jeff Tweddale	Title: President

Part 3c. Qualified Security Assessor (QSA) Acknowledgement

If a QSA was involved or assisted with this assessment, indicate the role performed:

☐ QSA performed testing procedures.

☐ QSA provided other assistance.

If selected, describe all role(s) performed:

Signature of Lead QSA ↑	Date: YYYY-MM-DD
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Lead QSA Name:

Signature of Duly Authorized Officer of QSA Company ↑	Date: YYYY-MM-DD
Duly Authorized Officer Name:	QSA Company:

Part 3d. PCI SSC Internal Security Assessor (ISA) Involvement

If an ISA(s) was involved or assisted with this assessment, indicate the role performed:

☐ ISA(s) performed testing procedures.

☐ ISA(s) provided other assistance.

If selected, describe all role(s) performed:

Part 4. Action Plan for Non-Compliant Requirements

Only complete Part 4 upon request of the entity to which this AOC will be submitted, and only if the Assessment has a Non-Compliant status noted in Section 3.

If asked to complete this section, select the appropriate response for “Compliant to PCI DSS Requirements” for each requirement below. For any “No” responses, include the date the entity expects to be compliant with the requirement and a brief description of the actions being taken to meet the requirement.

PCI DSS Requirement	Description of Requirement	Compliant to PCI DSS Requirements (Select One)		Remediation Date and Actions (If “NO” selected for any Requirement)
		YES	NO	
1	Install and maintain network security controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Apply secure configurations to all system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Protect stored account data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Protect cardholder data with strong cryptography during transmission over open, public networks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Protect all systems and networks from malicious software	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Develop and maintain secure systems and software	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Restrict access to system components and cardholder data by business need to know	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Identify users and authenticate access to system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Restrict physical access to cardholder data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Log and monitor all access to system components and cardholder data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Test security systems and networks regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Support information security with organizational policies and programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appendix A1	Additional PCI DSS Requirements for Multi-Tenant Service Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appendix A2	Additional PCI DSS Requirements for Entities using SSL/Early TLS for Card-Present POS POI Terminal Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

