

University of West Georgia  
PCI Application/Revision Form

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

Department Contact: \_\_\_\_\_ Dept. Approval: \_\_\_\_\_

Project Description:

Department agrees to:

- \_\_\_ Develop and maintain departmental policy and procedures for PCI Compliance
- \_\_\_ Ensure that all employees who are involved in the acceptance of a payment card or supervise those that are involved with the transaction, receive annual training.
- \_\_\_ Never enter credit card data into a payment device on behalf of the person making the payment.

UWG PCI Task Force Approval: \_\_\_\_\_

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

Chief Business Officer Approval: \_\_\_\_\_

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