CERTIFIED RELIABILITY LEADER®
MASTERY BELT PROGRAM
AFFIDAVIT AND VERIFICATION FORM

CRL Mastery Belt Project Title: _____

CRL Mastery Belt Project Applicant Name: _____

Original Date CRL Earned: _____ CRL Certificate Number: _____

Phone: _____ Email: _____

Mastery Belt Project Applicant Signature: _____

Date: _____

CRL Mastery Belt Project Executive Sponsor Name: _____

Organization Name: _____ Job Title: _____

Phone: _____ Email: _____

Required Executive Sponsor Signature

Prior Project Approval: _____ Date: _____

Project Completion Confirmation: _____ Date: _____

CRL Mastery Belt Project Financial Verifier Name: _____

Organization Name: _____ Job Title: _____

Phone: _____ Email: _____

Financial Verifier Signature

Prior Project Approval: _____ Date: _____

Project Completion Confirmation: _____ Date: _____

To be completed by the Association of Asset Management Professionals

Subject Matter Expert Name: _____ Date CRL Earned: _____

Organization Name: _____ Job Title: _____

City/State: _____ Country: _____

Phone: _____ Email: _____

The Association of Asset Management Professionals may contact any of the above signers to verify any information in this affidavit.