



CERTIFIED RELIABILITY LEADER[®]

MASTERY BELT PROGRAM

AFFIDAVIT AND VERIFICATION FORM

CRL Mastery Belt Project Title: Reliability-Centered Maintenance Analysis of Air Handlers

CRL Mastery Belt Project Applicant Name: Robert Reliability

Original Date CRL Earned: January 15, 2024 CRL Certificate Number: 2050999

Phone: 555-555-1234 Email: rreliability@umc.org

Mastery Belt Project Applicant Signature: Robert Reliability

Date: January 4, 2015

CRL Mastery Belt Project Executive Sponsor Name: Edward Executive

Organization Name: University Medical Center Job Title: Dir. Plant Operations

Phone: 555-555-1235 Email: eexecutive@umc.org

Required Executive Sponsor Signature

Prior Project Approval: Edward Executive Date: June 3, 2024

Project Completion Confirmation: Edward Executive Date: Dec. 16, 2024

CRL Mastery Belt Project Financial Verifier Name: Michael Measurement

Organization Name: University Medical Center Job Title: Finance Director

Phone: 555-555-1236 Email: mmeasurement@umc.org

Financial Verifier Signature

Prior Project Approval: Michael Measurement Date: June 3, 2024

Project Completion Confirmation: Michael Measurement Date: Dec. 16, 2024

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.