



# CERTIFIED RELIABILITY LEADER®

## BLACK BELT PROGRAM-APPLICATION FORM

- ❶ CRL Black Belt Project submitted by: \_\_\_\_\_  
(Please print/type name as it appears on your Certified Reliability Leader certificate)
- ❷ Which Knowledge Domain does this project align with: \_\_\_\_\_
- ❸ CRL Black Belt Project Title: \_\_\_\_\_  
(Please print/type a descriptive project title)
- ❹ Project description and how it relates to the organizational objectives or AIM.  
(Attach document and identify it as reply to question 4)
- ❺ CRL Black Belt Project start date and outcomes report date: \_\_\_\_\_  
(Please print/type start date and date when outcomes reported where generated) (dd/mm/yy) (dd/mm/yy)
- ❻ Leadership role description: Provide a description of applicant's hands-on performance in generating outcomes. Please include specific examples of gaining executive sponsorship, front-line buy in, cross functional collaboration, tools used, leading indicators, lagging indicators, scorecard/scoreboard examples, and other related documents. (Attach documents and identify them as reply to question 6)
- ❼ CRL Project Outcomes: Provide a statement on the positive outcomes including but not limited to financial gains, saved cost, energy savings, material savings, workforce cultural benefits, environmental benefits, social benefits and how those outcomes support the organizational objectives or AIM. (Attach documents and identify them as reply to question 7)
- ❽ There is a \$200 fee required for each CRL Black Belt Project Application Form submitted. This fee is payable by either check or credit card payment authorization. After all 5 CRL Black Belt Projects have been fulfilled, there is no fee for the CRL Black Belt. Please choose your option of payment.

**RLI Contributing Members, RLI Sustainable Members, and Reliability Partners (RP), receive a 50% discount on \$200 Black Belt Application Fee.**

☐ **Send a \$200 (\$100 if discount applies) check payable to Reliabilityweb.com to:**  
**Reliabilityweb.com**  
**Attn: Black Belt Project**  
**8991 Daniels Center Drive, Suite 105**  
**Fort Myers, FL 33912**

☐ **Email an invoice to:**

\_\_\_\_\_  
\_\_\_\_\_

☐ **Authorize a credit card transaction for \$200 (\$100 if discount applies):**

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV Code

\_\_\_\_\_  
Amount

\_\_\_\_\_  
By signing here I authorize this credit card transaction

\_\_\_\_\_  
Date



# CERTIFIED RELIABILITY LEADER®

## BLACK BELT PROGRAM

### AFFIDAVIT AND VERIFICATION FORM

**CRL Black Belt Project Title:** \_\_\_\_\_

**CRL Black Belt Project Applicant Name:** \_\_\_\_\_

Original Date CRL Earned: \_\_\_\_\_ CRL Certificate Number: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

City/State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Black Belt Project Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CRL Black Belt Project Executive Sponsor Name:** \_\_\_\_\_

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Black Belt Project Executive Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CRL Black Belt Project Financial Verifier Name:** \_\_\_\_\_

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Black Belt Project Financial Verifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Reliability Partners (RP)

**Subject Matter Expert Name:** \_\_\_\_\_ Date CRL Earned: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

City/State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Reliabilityweb.com may contact any of the above signers to verify any information in this affidavit.



# CERTIFIED RELIABILITY LEADER®

## BLACK BELT PROGRAM - CHECKLIST

### CERTIFIED RELIABILITY LEADER INFORMATION

CRL Name: \_\_\_\_\_ ☐ CRL status verified with AMP RW Initials: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

☐ RLI Contributing or Sustaining Member ☐ Reliability Partner (RP)

Organization Address: \_\_\_\_\_ City, State, Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date First Project Application Submitted: \_\_\_\_\_

Date Final Project Application Submitted: \_\_\_\_\_ (must complete within 36 months of first project)

☐ Black Belt & Display Unit Awarded Venue: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Final Approval by Terrence O'Hanlon, CEO Date: \_\_\_\_\_



### KNOWLEDGE DOMAIN PROJECT COMPLETION

*(Does not need to be completed in order listed.)*

<input type="checkbox"/> REM Project Application Form Received	Date: _____	
<input type="checkbox"/> REM Project Fee Received	Date: _____	
<input type="checkbox"/> REM Project Reviewer Assigned	Date: _____	RW Reviewer: _____
<input type="checkbox"/> REM Project Approved	Date: _____	
<input type="checkbox"/> REM Project Rejected	Date: _____	
<input type="checkbox"/> REM Orange Belt Sent	Date: _____	Tracking #: _____

<input type="checkbox"/> ACM Project Application Form Received	Date: _____	
<input type="checkbox"/> ACM Project Fee Received	Date: _____	
<input type="checkbox"/> ACM Project Reviewer Assigned	Date: _____	RW Reviewer: _____
<input type="checkbox"/> ACM Project Approved	Date: _____	
<input type="checkbox"/> ACM Project Rejected	Date: _____	
<input type="checkbox"/> ACM Green Belt Sent	Date: _____	Tracking #: _____

<input type="checkbox"/> LER Project Application Form Received	Date: _____	
<input type="checkbox"/> LER Project Fee Received	Date: _____	
<input type="checkbox"/> LER Project Reviewer Assigned	Date: _____	RW Reviewer: _____
<input type="checkbox"/> LER Project Approved	Date: _____	
<input type="checkbox"/> LER Project Rejected	Date: _____	
<input type="checkbox"/> LER Red Belt Sent	Date: _____	Tracking #: _____

<input type="checkbox"/> WEM Project Application Form Received	Date: _____	
<input type="checkbox"/> WEM Project Fee Received	Date: _____	
<input type="checkbox"/> WEM Project Reviewer Assigned	Date: _____	RW Reviewer: _____
<input type="checkbox"/> WEM Project Approved	Date: _____	
<input type="checkbox"/> WEM Project Rejected	Date: _____	
<input type="checkbox"/> WEM Blue Belt Sent	Date: _____	Tracking #: _____

<input type="checkbox"/> AM Project Application Form Received	Date: _____	
<input type="checkbox"/> AM Project Fee Received	Date: _____	
<input type="checkbox"/> AM Project Reviewer Assigned	Date: _____	RW Reviewer: _____
<input type="checkbox"/> AM Project Approved	Date: _____	
<input type="checkbox"/> AM Project Rejected	Date: _____	
<input type="checkbox"/> AM Yellow Belt Sent	Date: _____	Tracking #: _____