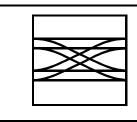


ACHIEVEMENT PROGRAM MODEL RAILROAD ENGINEER CIVIL STATEMENT OF QUALIFICATIONS FORM May 2006

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Member's Name:	NMRA =	#: Exp:
Street:	City:	State/Prov:
ZIP/PC: 0	Country:	NMRA Region:
Date Submitted:	E-Mail:	Phone:
To qualify for this certificate yo	ı must:	
 One original scale drawing of a n Overall Size Scale Track Elevations Curve Radii 	nodel railroad track plan identifying: Facilities Turnout Sizes Terminal Motive Power Storage Mainline Passing Siding	 Four Switching Locations Turning of Motive Power Two Mainline Train Operation
track work described in Section TT scale, 50' in HO or S, 75'	on 1. The section must contain at le in O or 100' in G or #1, with appro	eted section of the model railroad and east 25 linear feet of track in Z, N, or opriate ballast, drainage facilities and shall have examples of at least 6 of
 Passing siding Spur Crossover Reversing Loop Wye Simple Ladder Compound Ladder 2. : 	 Turntable Transfer Table Super Elevation Simple Overhead Wire Compound Overhead Wir Scale Track Cog Railway Track 	Coal Dump Track Ash Pit Service Pit Track Grade Elevation Other
 3. Construct for Merit Award Juc Turnout (Point or Stub Crossover Double Crossover Single Slip Switch 	lging scratch built models of any th Crossing Gauntlet Track Gauntlet Turnout Dual Gauge Turnout Gauge Separation Turn	 Double Junction Turnout Three-Way Turnout Spring Switch or Operating Switch in overhead wire



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May 2006

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JUDGE'S NAME	SIGNATURE	NMRA #

Member's Statement and Agreement:

I certify that I have completed all of the requirements for this Certificate of Achievement as listed above and that I will agree to assist other members in this subject whenever possible, whether or not they are participants in the Achievement Program.

_____SIGNATURE: ______ Date: NAME:

Certification of Regional Achievement Program Chair

As the NMRA Regional Achievement Program Chair of the _____, I certify that I have examined this SOQ and, having compared it to the stated requirements for this certificate, I am satisfied that the stated requirements have been met.

NAME:	SIGNATURE:	Date:			
Region Cert #:					
Approval by AP National Executive Vice-Chair					
NAME:	SIGNATURE:	Date:			