

**ACHIEVEMENT PROGRAM**

**MODEL RAILROAD ENGINEER CIVIL**

**STATEMENT OF QUALIFICATIONS FORM**

**JANUARY 2025** page 1 of 2

Member's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMRA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP/PC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMRA Region: \_\_\_\_\_\_\_\_\_\_\_ \_Division:\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To qualify for this certificate, you must:**

1. Prepare one original scale model railroad track plan (does not all have to be built in #2) identifying overall size, scale, track elevation, curve radii and turnout sizes, such track plan to include:

A. Adequate terminal facilities for handling freight and/or passenger cars, storage and service of motive power.

B. A minimum of one mainline passing siding and four switching locations (exclusive of yards, interchanges, wyes and reversing loops.).

C. Provisions for turning motive power (except in switch back roads, trolleys, etc.).

D. Provision for simultaneous operation of at least two mainline trains in either direction.

1. Construct and demonstrate the satisfactory operation of a completed section of the model railroad and track work described in Section 1. The section must contain at least 25 linear feet of track in Z, N, or TT scale, 50’ in HO or S, 75’ in O or 100’ in G or #1, with appropriate ballast, drainage facilities and roadbed profile, and may contain spurs, yards, etc. Track work shall have examples of at least any 6 of the following features:

Turntable

Transfer Table

Super Elevation

Simple Overhead Wire

Compound Overhead Wire

Scale Track

Cog Railway Track

Coal Dump Track

Ash Pit

Service Pit Track

Grade Elevation

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passing siding

Spur

Crossover

Reversing Loop

Wye

Simple Ladder

Compound Ladder

1. :
2. Construct for Merit Award Evaluation scratchbuilt models of any three of the following. Attach a copy of the Evaluation form or of the Merit Award to the Statement of Qualifications.

Crossing

Gauntlet Track

Gauntlet Turnout

Dual Gauge Turnout

Gauge Separation Turnout

Double Junction Turnout

Three-Way Turnout

Spring Switch or

Operating Switch in overhead wire

Other \_\_\_\_\_\_\_\_\_\_\_\_

Turnout (Point or Stub)

Crossover

Double Crossover

Single Slip Switch

Double Slip Switch



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**JANUARY 2025** page 2 of 2

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| --- | --- | --- |
| EVALUATOR’S NAME | SIGNATURE | NMRA # |
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**Member 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. 🞎 Check here if this is the member’s first award.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Division Achievement Program Chair Review (optional):** Reviewed for compliance and completeness.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Region Achievement Program Chair**

As the NMRA Region 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 Certificate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval by AP National Executive Assistant Manager**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_