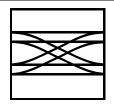


## ACHIEVEMENT PROGRAM MODEL RAILROAD ENGINEER CIVIL STATEMENT OF QUALIFICATIONS FORM April 2019 page 1 of 2

Member's Name:		NMRA #:	Exp	);	
Stre	eet:	(	City:	State/Pro	v.:
ZIP	P/PC:	Country:	NMRA R	egion:	Division:
Dat	e Submitted:	E-Mail: _		Phone:	
1.	le, track elevation, c A. Adequate te motive power. B. A minimum interchanges, w C. Provisions f	tificate, you must:  al scale model railroad trace arve radii and turnout sizes arminal facilities for handli  of one mainline passing s yes and reversing loops.).  for turning motive power (or simultaneous operation of	s, such track plan to including freight and/or passenge iding and four switching lexcept in switch back road	de: er cars, storage an ocations (exclusiv ds, trolleys, etc.).	d service of ve of yards,
2.	track work describe TT scale, 50' in HO	onstrate the satisfactory oped in Section 1. The section 0 or S, 75' in O or 100' in d may contain spurs, yard atures:	n must contain at least 25 G or #1, with appropriate	linear feet of trac ballast, drainage	ck in Z, N, or facilities and
	Passing sidin Spur Crossover Reversing L Wye Simple Ladd Compound I	Transf   Super   Simple   Compe	Fer Table Elevation The Overhead Wire The Overhead Wire The Overhead Wire	Ash Pi	Dump Track it e Pit Track Elevation
3.		t Award Evaluation scrat- tion form or of the Merit A			ing. Attach a
	Turnout (Point Crossover Double Cross Single Slip S Double Slip S	Gauntle Gauntle Gauntle Witch Dual G	ng et Track et Turnout auge Turnout Separation Turnout	☐ Three-Way ☐ Spring Swi	tch or Switch in overhead wire



## ACHIEVEMENT PROGRAM MODEL RAILROAD ENGINEER CIVIL STATEMENT OF QUALIFICATIONS FORM April 2019 page 2 of 2

EVALUATO	R'S NAME	SIGNATURE	NMRA#			
			<u> </u>			
and that I will agree to assist participants in the Achievem	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 articipants in the Achievement Program.  ME:					
Certification of Region Achieve						
		, I certify that I have e this certificate, I am satisfied that				
NAME:	SIGNATURE:	Date	e:			
Region Certificate #:						
Approval by AP National Execu	tive Vice-Chair					

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