

ACHIEVEMENT PROGRAM MODEL RAILROAD ENGINEER ELECTRICAL STATEMENT OF QUALIFICATIONS FORM

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Member's Name:		NMRA #:	Exp:		
Street:	City: _		State/Prov:		
ZIP/PC:	Country:	NMF	RA Region:		
Date Submitted:	E-Mail:		Phone:		
To qualify for this certif	icate you must:				
Construct and demonstrate on your own or a club layout, the satisfactory operation of an electrical control system on a model railroad capable of simultaneous and independent control of two mainline trains in either direction, and containing at least: DC Power – 5 blocks that can be controlled independently DCC/TMCC/Other Power – gaps, switches, phase for troubleshooting Wye Turntable Facilities for storing of at least two unused motive power units. Done yard with a minimum of three tracks and a switching lead independent of the mainline. Done power supply with protective devices (short indicator and/or circuit breaker) to ensure safe operation. Wire and demonstrate the electrical operation of at least three of the following items: Turnout Single slip switch Gauntlet turnout					
☐ Crossing ☐ Crossover ☐ Double crossover	☐ Gauge separation☐ Double junction	on turnout Solution turnout Solution So	Spring switch Operating switch in overhead wire		
	Computer continuated displayed Command Con	c signaling head wire rol ays c displays	☐ Sound system ☐ Signaling system ☐ CTC system ☐ Onboard video system ☐ Computerized block detection ☐ Computerized operation		

4. Prepare a schematic drawing of the propulsion circuitry of the model railroad in Section 1 showing the gaps, blocks, feeders, speed and direction control, electrical switches and power supplies.



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5.	Prepare schematic drawings identifying the wiring and components of the six items in Requirements 2 & 3.					
6.	Submit a completed St	atement of Qualifications (SOQ)	nt of Qualifications (SOQ) which shall include the following:			
	Description of the components used	d in 2 & 3. ess certification form showing that	quirement 1. construction and identification of at each of the above items are ope			
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pa	rticipants in the Achieve	ment Program.	whenever possible, whether or not	·		
NAM	IE:	SIGNATURE:		Date:		
Certi	ification of Regional Ach	ievement Program Chair				
this S		red it to the stated requirements for	, I certify that I hat or this certificate, I am satisfied the			
NAM	AME: SIGNATURE:		D	Date:		
Regio	on Cert #:	_				
	roval by AP National Exe					
NAME:S		SIGNATURE:	D	_ Date:		
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