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| **Type of Material****F**ormal**L**ive clinic **I**nformal | **Class of Presentation****N**ational, **R**egional, **D**ivision, **C**lub, **S**ponsored, **N**on-sponsored | **Title and Date of Presentation or Publication** | **Location/Publication Name**Where presented or published (citation, event name & location, or URL) | **No. of Pages** | **Points per Page** | **Clinic Points** | **Total Points** |
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 **ACHIEVEMENT PROGRAM**

 **MODEL RAILROAD AUTHOR**

 **RECORD AND VALIDATION FORM**

 **MARCH 2025**

Member’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMRA # \_\_\_\_\_\_\_\_\_\_\_\_ Region \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach this form to a completed Statement of Qualifications (SOQ) Form. Use multiple pages or your own form with the information.

I have reviewed the informally published material listed above and attest that it meets the
standards listed in the Model Railroad Author Statement of Qualifications.

Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NMRA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region AP Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_