

ACHIEVEMENT PROGRAM MASTER BUILDER PROTOTYPE MODELS STATEMENT OF QUALIFICATIONS FORM JANUARY 2025

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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. Construct an animated or static model of a prototype scene containing at least six models of prototype equipment or structures. At least four different types of models must be represented. They are: rolling stock, railroad structure, caboose or passenger car, and motive power. Any two of the six models must be scratchbuilt. The remainder must be superdetailed. Plans or photographs must be provided to verify the final prototypical appearance of each model and of the total scene.

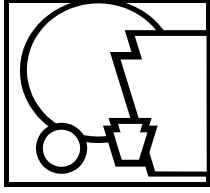
2. Earn a Merit Award of at least 87.5 points with the above scene.

3. Prepare a written description along with photographs, documented evidence and/or maps which will verify the actual prototype scene used as a basis for the modeled scene.

4. Provide color photos and a written description of materials and methods used to build the scene.

5. Submit a completed Statement of Qualifications (SOQ) which shall include the following:

- ☐ Attachments for Requirements 2 & 3 above.
- ☐ The signed Merit Judging forms from Requirement 2 above.
- ☐ The supplemental material with photographs of both the model and the prototype attached.



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REQUIREMENT 1

	Description of Model	Scratch Built Y/N	Super-Detailed Y/N
1			
2			
3			
4			
5			
6			

Requirement 3

- ☐ Written description
- ☐ Photographs
- ☐ Documented evidence
- ☐ Map

Requirement 4

- ☐ Color photos
- ☐ Written description

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: _____