

**ACHIEVEMENT PROGRAM  
MASTER BUILDER PROTOTYPE MODELS  
STATEMENT OF QUALIFICATIONS FORM  
May 2006**

page 1 of 2

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

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

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

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 a 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.

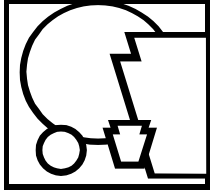
2. Earn a Merit Award of at least 87.5 points with the above scene.

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 the photographs of both the model and the prototype attached.



**ACHIEVEMENT PROGRAM  
MASTER BUILDER PROTOTYPE MODELS  
STATEMENT OF QUALIFICATIONS FORM  
May 2006**

page 2 of 2

**REQUIRMENT 1**

	Description of Model	ScratchBuilt	Super-Detailed
1			
2			
3			
4			
5			
6			

**Requirement 3**

- Written description
- Photographs
- Documented evidence
- Map

**Requirement 4**

- Color photos
- Written description

**Member's 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.

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

**Certification of Regional Achievement Program Chair**

As the NMRA Regional 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 Cert #: \_\_\_\_\_

**Approval by AP National Executive Vice-Chair**

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

--