**ACHIEVEMENT PROGRAM**



**MASTER MODEL RAILROADER**

**STATEMENT OF QUALIFICATIONS FORM**

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

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

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

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Achievement Certificate** | **Date Earned** | **Certificate #** |
|  | **Master Builder Motive Power** |  |  |
|  | **Master Builder Cars** |  |  |
|  | **Master Builder Structures** |  |  |
|  | **Master Builder Scenery** |  |  |
|  | **Master Builder Prototype Models** |  |  |
|  | **Model Railroad Engineer Civil** |  |  |
|  | **Model Railroad Engineer Electrical** |  |  |
|  | **Chief Dispatcher** |  |  |
|  | **Association Official** |  |  |
|  | **Association Volunteer** |  |  |
|  | **Model Railroad Author** |  |  |

**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 Region Achievement Program Chair**

As the NMRA Region Achievement Program Chair of the \_\_\_\_\_\_\_, I certify that I have examined this Statement of Qualifications and, having compared it to the stated requirements for this certificate, I am satisfied that the stated requirements have been met.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Name:** **MMR#** |