

ACHIEVEMENT PROGRAM MASTER BUILDER STRUCTURES STATEMENT OF QUALIFICATIONS FORM FEBRUARY 2019

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(NOTE: The Record & Validation (R&V) Form is no longer required for this certificate as of 1/1/2017.)

Member Name: _____ NMRA #: _____ Exp: _____

Street: _____ City: _____ State/Prov: _____

ZIP/PC: _____ Country: _____ NMRA Region: _____ Division: _____

Date Submitted: _____ E-Mail: _____ Phone: _____

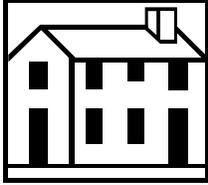
To qualify for this certificate, you must:

1. Build twelve (12) scale structures. At least six (6) different types of structures must be represented in the total. One (1) structure must be a bridge or trestle. At least six (6) structures must be scratchbuilt. The remaining six (6) structures, if not scratchbuilt, must be super-detailed with either scratchbuilt or commercial parts as defined in the AP Regulations "DEFINITIONS" section.

2. Earn a Merit Award of at least 87.5 points with any six (6) of the above models; either via an NMRA sponsored contest or AP Merit Award Evaluation.

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

- Attachment giving detailed descriptions of each of the models.
- Identification of the scratchbuilt features for each of the models.
- List of all the commercial components appearing on each model.
- List the materials used in building each of the models.
- Verification of the Merit Awards – copies of the evaluation sheets or the Merit Awards.



**ACHIEVEMENT PROGRAM
 MASTER BUILDER STRUCTURES
 STATEMENT OF QUALIFICATIONS FORM
 FEBRUARY 2019**

	DESCRIPTION	SCRATCH BUILT?	MERIT AWARD?	VERIFIED BY	DATE	NMRA #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

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.

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: _____