

# ACHIEVEMENT PROGRAM MASTER BUILDER CARS 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: \_\_\_\_\_

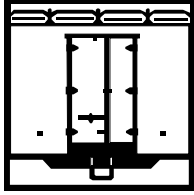
**To qualify for this certificate, you must:**

1. Build eight (8) operable scale models of railroad cars. There must be at least four (4) different types of cars represented in the total of eight (8). One (1) of these must be a passenger car and at least four (4) cars must be scratchbuilt. The remaining four (4) cars, if not scratch built, must be superdetailed either with scratchbuilt parts or with commercial parts as defined in the AP Regulations "DEFINITIONS" section.

2. Earn a Merit Award with any four (4) of the above models either via an NMRA sponsored model contest or AP Merit Award Evaluation.

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

- ☐ Attachment giving detailed descriptions for 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.



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	Description of Model	Scratch Built? Y/N	Merit Award? Y/N	Verified By NAME	Date	NMRA #
1						
2						
3						
4						
5						
6						
7						
8						

## 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: \_\_\_\_\_