



ACHIEVEMENT PROGRAM MASTER BUILDER MOTIVE POWER STATEMENT OF QUALIFICATIONS FORM JANUARY 2025

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Member Name: _____ NMRA #: _____ Expiration: _____

Street: _____ City: _____ State/Province: _____

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

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

To qualify for this certificate, you must:

1. Build three (3) scale models of railroad motive power, one (1) of which must be scratchbuilt. Motive Power is defined as a locomotive or a self-propelled vehicle. To qualify as scratchbuilt, the motive power must contain all of the following scratchbuilt items as applicable:

Steam Locomotives: frame & boiler & cab; tender frame & body; and either valve gear or main and side driving rods.

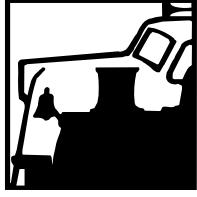
Other Motive Power: body & frame & cab/hood; power truck side frame; and pantograph or trolley poles where appropriate.

All models must be capable of self propulsion on track of the same gauge as the model. Power trains for all models may be commercial motors and gears. All models 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 each of the three (3) scale models of motive power 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 for each model:

- ☐ 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.



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

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: _____