

ACHIEVEMENT PROGRAM MASTER BUILDER - STRUCTURES STATEMENT OF QUALIFICATIONS JANUARY 2025

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Member Name: _____ NMRA #: _____ Exp: _____

Street: _____ City: _____ State/Prov.: _____

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

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

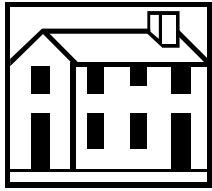
To qualify for this certificate, you must:

1. Build 12 scale structures. At least 6 different types of structures must be represented in the total. 1 structure must be a bridge or trestle. At least 6 structures must be scratch built. The remaining 6 structures, if not scratch built, must be super-detailed with either scratch built or commercial parts as defined in the AP Regulations "DEFINITIONS" section. Up to 3 of the 12 total models may be "low-relief" structures, defined as structures without one modeled wall (against the backdrop or open on the aisle) with at least 10 scale feet depth (front to back) of side walls and roof that are super-detailed. Flats with no appreciable roofs or side walls are not considered "low-relief" structures and are not eligible.

2. Earn a Merit Award of at least 87.5 points with any 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 scratch built 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 | SCRATCH BUILT Y/N | MERIT AWARD Y/N | WITNESS NAME | DATE | NMRA # |
|----|-------------|----------------------|--------------------|-----------------|------|--------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
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| 6 | | | | | | |
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| 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. ☐ 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: _____