



ACHIEVEMENT PROGRAM

MASTER BUILDER MODULAR RAILROADING

EVALUATION FORM

JULY 2026

PLEASE ATTACH THIS FORM TO A COMPLETED STATEMENT OF QUALIFICATIONS (SOQ) FORM.
SEPARATE EVALUATIONS ARE REQUIRED FOR EACH OF THE THREE MODULES

Member's Name: _____ NMRA #: _____ Expiration: _____

Module Name: _____

Date Submitted: _____ Region: _____ Division: _____

The undersigned evaluators certify that the scenic area of model railroad, built by the above named NMRA member, has been personally examined by two or more evaluators appointed by the Region AP Chair, meets all applicable NMRA Standards, has earned a minimum score of 87.5 points, and has been awarded a Merit Award.

CATEGORY	DESCRIPTION	POINTS	SCORE
MODULE CONSTRUCTION	Quality of framing, rigidity, surface preparation, joinery, durability for transport, and overall workmanship.	0-25	
TRACKWORK, STANDARDS COMPLIANCE & OPERATION	Alignment, geometry, turnout performance, standards compliance at interfaces, operational smoothness, and reliability under public operation.	0-30	
ELECTRICAL SYSTEMS & CONTROL	Power distribution, wiring practices, connector and wiring type choice, strain relief, lighting circuits, control logic, sensor systems, sound systems, and operational reliability across multiple setups.	0-20	
SCENERY, TERRAIN & SCENE INTEGRATION	Realistic terrain shaping, drainage and slope, landform transitions, ballast application and blending, ground cover, vegetation, scenic textures, and effective treatment of module edges and seams, particularly across adjoining modules representing the same scene.	0-20	
STRUCTURES, DETAILS & ANIMATION	Quality, placement, provisions for durability, and integration of structures, bridges, roads, vehicles, and visual storytelling elements. Includes mechanical and electronic animation.	0-20	
PRESENTATION, DOCUMENTATION & PUBLIC READINESS	Professional appearance, clarity of documentation, educational labeling where appropriate, and evidence of successful public exhibition and operation.	0-10	
		Total	

EVALUATOR'S NAME	SIGNATURE	NMRA #

REGION AP CHAIR: _____ REGION: _____ DATE: _____