

ACHIEVEMENT PROGRAM MASTER BUILDER PROTOTYPE MODELS STATEMENT OF QUALIFICATIONS FORM JULY 2026

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

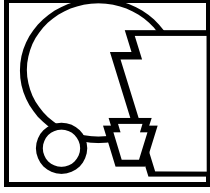
Street: _____ City: _____ State/Prov: _____

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

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

To qualify for this certificate, you must:

1. Construct an animated or static model of a prototype scene containing at least six models of prototype equipment or structures. The scene must include at least two different types of rolling stock, a railroad structure, and motive power. Any two of the six models must be scratch built. The remainder must be super-detailed. Plans or photographs must be provided to verify the final prototypical appearance of each model and of the total scene.
2. Earn a Merit Award of at least 87.5 points with the above scene.
3. Prepare a written description along with photographs, documented evidence and/or maps which will verify the actual prototype scene used as a basis for the modeled scene.
4. Provide color photos and a written description of materials and methods used to build the scene.
5. Submit a completed Statement of Qualifications (SOQ) which shall include the following:
 - ☐ Attachments for Requirements 2 & 3 above.
 - ☐ The signed Merit Judging forms from Requirement 2 above.
 - ☐ The supplemental material with photographs of both the model and the prototype attached.



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REQUIREMENT 1

	Description of Model	Scratch Built Y/N	Super-Detailed Y/N
1			
2			
3			
4			
5			
6			

Requirement 3

- ☐ Written description
- ☐ Photographs
- ☐ Documented evidence
- ☐ Map

Requirement 4

- ☐ Color photos
- ☐ Written description

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: _____