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

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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REQUIRMENT 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: _____