

**ACHIEVEMENT PROGRAM  
MASTER BUILDER STRUCTURES  
STATEMENT OF QUALIFICATIONS FORM  
May 2006**

page 1 of 2

Member's Name: \_\_\_\_\_ NMRA #: \_\_\_\_\_ Exp: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

ZIP/PC: \_\_\_\_\_ Country: \_\_\_\_\_ NMRA Region: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

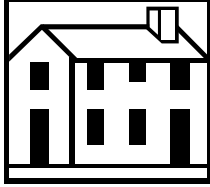
**To qualify for this certificate you must:**

1. Build twelve scale structures. At least six different types of structures must be represented in the total. One must be a bridge or trestle. At least six must be scratchbuilt. The remaining six structures, if not scratchbuilt, must be super-detailed with either scratchbuilt or commercial parts as defined in the "DEFINITIONS" section.

2. Earn a Merit Award of at least 87.5 points with six of the above models; either via an NMRA sponsored contest or AP Merit Awards.

3. Submit a completed Statement of Qualifications (SOQ) which shall include the following:

- Attachment giving detailed descriptions of the models.
- Identification of the scratchbuilt features.
- List of all the commercial components appearing on each model.
- The materials used in building the models, including a notation that the model is operational if intended to be.
- Verification of the Merit Awards.



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	DESCRIPTION	SCRATCH BUILT	MERIT AWARD	VERIFIED BY	DATE	NMRA #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**Member's 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.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification of Regional Achievement Program Chair**

As the NMRA Regional 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 Cert #: \_\_\_\_\_

**Approval by AP National Executive Vice-Chair**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

