

ACHIEVEMENT PROGRAM MASTER BUILDER CARS STATEMENT OF QUALIFICATIONS FORM FEBRUARY 2019

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NOTE: The Record & Validation (R&V) Form is no longer required for this certificate as of 1/1/2017.

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

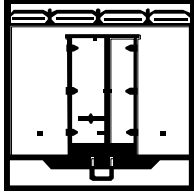
Street: _____ City: _____ State/Prov: _____

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

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

To qualify for this certificate, you must:

1. Build eight (8) operable scale models of railroad cars. There must be at least four (4) different types of cars represented in the total of eight (8). One (1) of these must be a passenger car and at least four (4) cars must be scratchbuilt. The remaining four (4) cars, if not scratch built, must be superdetailed either with scratchbuilt parts or with commercial parts as defined in the AP Regulations "DEFINITIONS" section.
2. Earn a Merit Award with any four (4) of the above models either via an NMRA sponsored model contest or AP Merit Award Evaluation.
3. Submit a completed Statement of Qualifications (SOQ) which shall include the following:
 - Attachment giving detailed descriptions for each of the models.
 - Identification of the scratchbuilt 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.



**ACHIEVEMENT PROGRAM
 MASTER BUILDER CARS
 STATEMENT OF QUALIFICATIONS FORM
 FEBRUARY 2019**

	Description of Model	Scratch Built?	Merit Award?	Verified By	Date	NMRA #
1						
2						
3						
4						
5						
6						
7						
8						

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 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 Vice-Chair

NAME: _____ SIGNATURE: _____ Date: _____