

# ACHIEVEMENT PROGRAM MASTER BUILDER STRUCTURES STATEMENT OF QUALIFICATIONS FORM AUGUST 2024

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

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

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

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

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

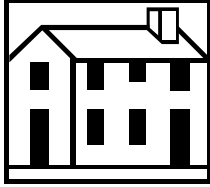
### To qualify for this certificate, you must:

1. Build twelve (12) scale structures. At least six (6) different types of structures must be represented in the total. One (1) structure must be a bridge or trestle. At least six (6) structures must be scratchbuilt. The remaining six (6) structures, if not scratchbuilt, must be super-detailed with either scratchbuilt or commercial parts as defined in the AP Regulations “DEFINITIONS” section. Up to three (3) of the twelve (12) total models may be “low-relief” structures, defined as structures without one modeled wall (against the backdrop or open on the aisle) with at least ten (10) scale feet depth (front to back) of side walls and roof that are super-detailed. Flats with no appreciable roofs or side walls are not considered “low-relief” structures and are not eligible.

2. Earn a Merit Award of at least 87.5 points with any six (6) of the above models; either via an NMRA sponsored contest or AP Merit Award Evaluation.

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

- Attachment giving detailed descriptions of 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 STRUCTURES  
 STATEMENT OF QUALIFICATIONS FORM  
 AUGUST 2024**

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

**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.

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: \_\_\_\_\_