

# ACHIEVEMENT PROGRAM MASTER BUILDER CARS STATEMENT OF QUALIFICATIONS FORM May 2006

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

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

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

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

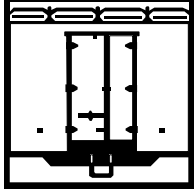
### To qualify for this certificate you must:

1. Build eight operable scale models of railroad cars. There must be at least four different types of cars represented in the total of eight. One of these must be a passenger car and at least four must be scratchbuilt. The remaining four cars, if not scratch built, must be superdetailed either with scratchbuilt parts or with commercial parts as defined in the "DEFINITIONS" section.

2. Earn a Merit Award with four of the above models either via an NMRA sponsored model contest or AP Merit Award Judging.

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.
- Materials used in building the models.
- Verification of the Merit Awards.



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 MASTER BUILDER CARS  
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 May 2006**

	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 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: \_\_\_\_\_