



Federal Aviation Administration National Simulator Program MMI Reporting Form

(See instructions on page 2)

Return Form To: [NSP Duty Officer Inbox](#)

Sponsor Name	Enter Sponsor Name Here
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FAA ID	Date Discovered	Sponsor DR No.	NSP DR No.	MMI Description	Work Accomplished to Date	Training Restrictions	NSP Authorization
FSTD ID	Mm/dd/yyyy	Your DR No.	NSP DR no. from T002 if applicable	Description	Description of action taken	Description of any training restrictions or limitations imposed	Approve/Disapprove Date ASI Initials
FSTD ID	Mm/dd/yyyy	Your DR No.	NSP DR no. from T002 if applicable	Description	Description of action taken	Description of any training restrictions or limitations imposed	Approve/Disapprove Date ASI Initials
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Instructions

Use to report a new MMI or to update and existing MMI in accordance with §60.25 when an MMI condition has exceeded 30 days and the sponsor is seeking authorization to operate the FSTD.

Not sure if a reportable MMI situation exists. See [FSTD Guidance Bulletin 08-01](#).

Sponsors shall forward a copy to the local Training Program Approval Authority (TPAA).

MMI conditions corrected within the 30-day window do not require NSP notification.

The NSP will respond within five business days. Authorization is implied during this period.

For Column: FAA ID

Enter your FAA ID for your FSTD

For Column: Date Discovered

Enter the date the MMI was first discovered

For Column: Sponsor DR No.

Enter the DR number from your own DR Log

For Column: NSP DR. No.

Enter the NSP number indicated on the T002 report for this MMI, if applicable

For Column: MMI Description

Enter the description of the MMI

For Column: Work Accomplished to Date

Enter a description of corrective actions taken or being taken

For Column: Training Restrictions

Enter a description of any restrictions you have placed on the FSTD as a result of this MMI

For Column: NSP Authorization

NSP will respond within five business days. Authorization is implied during this time period.