**Return Form To:**  [**NSP Duty Officer Inbox**](mailto:9-aso-avs-sim-team@faa.gov)

| Sponsor Name | **Enter Sponsor Name Here** |
| --- | --- |

| **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 |
| 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 |

# 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](https://www.faa.gov/about/initiatives/nsp/bulletins/).

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.