Appendix A	Regulatory Division Personnel Licensing Section	
Notice of Intention	ATC/TC/APP/REV0, Issue No.1	
	Issue No: 01	Date: 23 September 2026
	Air Traffic Controller Training Course Approval	

To conduct an ATCO training course at the Unit level

When a course **has been** previously approved, the 'Notice of Intention' checklist table below is required to be sent to Regulatory Division with the requirements (**1 to 5**) filled in prior to the commencement of a course **(minimum 2 weeks).**

Where a course has **NOT** been previously approved, a 'Notice of Intention' to commence a course of training with the information outlined in all points (**1 to 14**) must be sent to Regulatory Division in sufficient time to allow for Regulatory review, comment and Unit follow up if required prior to commencement of the course **(minimum 6 weeks).**

Note – All rows on the right shall be filled with either a text description or a reference to where the information is contained e.g. within a Unit's Training Plan or Competence Scheme or syllabus etc. stating section and page numbers. Where rows are not required to be filled in, insert text 'Not Applicable' or 'Nil'.

Application to be submitted via email to **atcl.pel@dca.gov.bn**

No	Requirement	Description or reference to chapter/section /paragraph/page in UTP/UCS, syllabus or other document
1	**Unit Name of Course**	
2	**The start and end dates** *(calendar dates)*	
3	**List of Trainees / Learners** (A. names and *(B.* Licence details and/or ATCO qualifications.) Note: *See section 6.1.5 or 6.2.4 for additional options for continuation training*	
4	**List of Instructors** (A. names, (B. qualifications and (C. experience	

5	**Certificate number or copy of approval letter** (*If the course has previously been approved under UTP/UCS, or a syllabus, include the document name, version & issue date, or provide the approval letter)*	
No	**Requirement**	**Description or reference to chapter/section /paragraph/page in UTP/UCS, syllabus or other document**
6	**If there is a difference from a course previously approved, please outline that difference.**	
7	**Duration of training course** *(in working weeks or days or hours)*	
8	**The type of course** (A. ADC; APP: APS; ACS;OJTI, (B. plus rating endorsement training if applicable.)	
9	**The location** (A. where conducted and (B. any off site locations)	

10	**The methodology used to establish details of the content** (A. TNA or other such method. *(ATCO Common Core Content Initial training paragraph titled 'References'. This lists references to material which should be considered when establishing the methodology as per above.)*	
11	**Syllabus Details** (Title of Syllabus, version, and issue date)	

No	Requirement	Description or reference to chapter/section /paragraph/page in UTP/UCS, syllabus or other document
12	**Organisation** (The certified training organisation delivering the approved training or part thereof.)	
13	**The way examinations or assessments are organised** (A. how many of either will be conducted broken down for each module; and (B. the pass mark required for each; and (C. the re-sit criteria.	

14	**Appeals** (A. the mechanism for trainee/student appeals. Also (B. the method for informing Brunei DCA.	

CONFIRMATION BY HEAD OF UNIT / DIVISION / SERVICE / TRAINING ORGANISATION			
Name:			
Position:			
Unit / Division / Service / Training Organisation:			
		Date:	

FOR REGULATORY - PEL SECTION USE ONLY
Name: Designation: Date received: Signature:
a) ☐ Application verified as complete and in order. ☐ Application incomplete.
Details of missing information / documents: