


APPLICATION FORM

SECTION 1- SEAFARER PERSONAL DETAILS AND POSITION APPLIED FOR

Position applied for:	Rating forming part of an engine room watch		
Family name:	Tarverdiyev		
First name(s):	Yunis		
Date of birth (dd/mm/yyyy):	18.02.2003		
Place of birth:	Azerbaijan		
Nationality:	Azerbaijan		
Full permanent address:	Astara region, S. Vurgun street		
Full present address (if different):			
Nearest airport:	Baku Heydar Aliyev International Airport	Contact number:	+994705100451
Email address:	yunistarverdiyev127@gmail.com	Mobile phone number:	+994705100451
Skype address:		Weight:	87
Blood group:	A (II) RH +	PPE Safety shoe size:	45
Height:	167	PPE coverall size:	XL

SECTION 2- SEAFARER PASSPORT, SEAMAN BOOK AND VISA DETAILS

Document details	Document number	Country of issue	Date of issue	Date of expiry
Primary Passport:	C03639770	Azerbaijan	10.08.2023	09.08.2033
Seaman book:	DQK 024830 AZE029702	Azerbaijan	31.08.2023	31.08.2028
Flag Seaman book (if any):				
USA Visa Type (if held):			USA Visa expiry:	
Additional Visa (country):			Visa expiry:	

SECTION 3- NEXT OF KIN

Full name:	Ilkin Tarverdiyev		
Relationship to Seafarer:	Brother		
Full address:	Astara region, S. Vurgun street		
		Contact number:	+994506370333
Email address:	tarverdiyev_o7@icloud.com	Mobile phone number:	+994506370333

**SECTION 4- STCW2010 (STCW78 AS AMENDED)
CERTIFICATION AND RELATED COURSES**

Name of Course / Certificate	STCW Code	Certificate number	Date of issue	Place of issue	Date of expiry
Rating forming part of an engine-room watch	III/4 & A-III/4	1798/23	21.08.2023	State Maritime and Port Agency	Permanent
Safety familiarization training	VI/6 & A-VI/1, pa.1	SO-0736-23	13.02.2023	State Maritime and Port Agency	13.02.2028
Personal survival techniques	VI/6 & A-VI/1, pa.2.1.1.	SO-0736-23	13.02.2023	State Maritime and Port Agency	13.02.2028
Fire prevention and fire fighting	VI/6 & A-VI/1, pa.2.1.2.	SO-0736-23	13.02.2023	State Maritime and Port Agency	13.02.2028
Elementary first aid	VI/6 & A-VI/1, pa.2.1.3.	SO-0736-23	13.02.2023	State Maritime and Port Agency	13.02.2028
Personal safety and social responsibilities	VI/6 & A-VI/1, pa.2.1.4.	SO-0736-23	13.02.2023	State Maritime and Port Agency	13.02.2028
Ship Security-related familiarization security-awareness training	VI/6 & A-VI/6, pa.1 to pa.4	SI-0483-23	15.02.2023	State Maritime and Port Agency	14.02.2028
Training for seafarers with designated security duties	VI/6 & A-VI/6 pa.6 to pa.8	SH-0420-23	22.02.2023	State Maritime and Port Agency	22.02.2028
Proficiency in survival craft and boats other than fast rescue boats	VI/2 & A-VI/2 pa.1 to pa.4	SL-0644-23	20.02.2023	State Maritime and Port Agency	20.02.2028
Basic training and qualifications on oil and chemical tanker cargo operations	V/1-1 pa.2 & A-V/1-1 pa.1	SA-0180-23	28.02.2023	State Maritime and Port Agency	28.02.2028
International safety management code		SP-0520-23	16.02.2023	State Maritime and Port Agency	16.02.2028
Medical / health certificate	MLC 2006		24.01.2023	MEDILUKS	24.01.2025

SECTION 5- MEDICAL HISTORY

Particulars			Yes / No
1. Have you ever had to sign off/ repatriated from a ship due a medical reason and been hospitalised?			No
2. Have you undergone any medical operations in the past?			No
3. Have you had to consult a doctor during the past 12 months for an illness / accident?			No
4. Do you have any medical condition that may affect your work?			No
5. Do you feel healthy and fit to perform the duties of your designated position/occupation?			Yes
6. Are you allergic to any medications?			No
7. Are you taking any prescribed or non-prescribed medications at present? If yes, please list these medications, their dosage and their purpose / reason for taking:			No
Prescribed Medications (please name)	Dosage	Purpose / reason for taking	
Non-prescribed Medications (please name)	Dosage	Purpose / reason for taking	

SECTION 6 - GENERAL

Particulars	Yes / No
1. Have you ever been involved in a maritime accident, i.e. grounding, fire, explosion, collision	No
2. Have you ever been the subject of a court of enquiry or involved in a maritime accident?	No
3. Have you ever had a professional license suspended or revoked?	No
4. Have you ever been convicted of any criminal offence?	No
5. Have you ever been dismissed due to any reason?	No
If you have answered Yes to any of the above then specify below	

SECTION 7 - LANGUAGES KNOWN- RATE FROM 1 (POOR) TO 5 (FLUENT)

	Language	Spoken	Written	Understood
1	ENGLISH	good	good	good
2	RUSSIAN	good	good	good
3	TURKISH	good	good	good

SECTION 8 - LAST TWO EMPLOYMENT CONTACT DETAILS

Name of company:			
Name of contact person:			
Company address:			
Contact number:		Email address:	

SECTION 9- SEA SERVICE RECORD**PLEASE MENTION FULL RECORD OF SEA SERVICE AS PER SEAMAN BOOK STARTING FROM LAST VESSEL FIRST**

Vessel	Company	Area of operation	Type of vessel	DWT or GRT (please clarify)	Rank	Sign on date (dd/mm/yyyy)	Sign off date (dd/mm/yyyy)

ANY OTHER INFORMATION YOU WISH TO ADD IN SUPPORT OF YOUR APPLICATION

SEAFARER DECLARATION STATEMENT:

I hereby declare that the above facts and information I have provided are true and accurate. I acknowledge and accept that (i) the Owners/Managers of any vessel to which my application and/or assignment is organised and (ii) the Crew Managers and associated companies may each process my personal information (including any of my personal information provided at a later date) for the purposes of searching assignment, managing assignment, compliance with laws, regulations and contracts applicable to any of the employing companies or their businesses and in accordance with any limitation periods and where necessary to protect my vital interests.

I understand that my personal data will be stored in the Crew Managers' secure database and otherwise processed for the above purposes, in connection with, and during the period of my current period of assignment and thereafter for such further period (if any) as is necessary to fulfil the abovementioned purposes. I also understand that the abovementioned processing activities may involve the transfer of my personal information from the Crew Managers to any of the other companies. This may involve the transfer of my personal information to jurisdictions whose data protection laws do not provide equivalent protection to my home country subject to the companies taking appropriate measures to ensure that my personal data is kept secure at all times. To the extent that my personal information includes sensitive personal information, I consent to the Crew Managers processing such sensitive personal information as stated above.

Please select appropriate box, print name, and date in acceptance of the above declaration:

Accepted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Seafarer name (full name):	TARVERDIYEV YUNIS	
Date (dd/mm/yyyy):	02.09.2023	