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APPLICATION FORM

1	Position	identity card PIN Number 6GGN31M
	Position Applied for:	Raiting forming part of an engine-room watch
	Date Available from:	12.13.2023

Personal Infromation	Gender: Male
First Name: Mehdizade	Last Name: Rahib
Date of Birth: 19.12.2003	Place of Birth (City and Country): Azerbaijan, GABALA
Email: mehdizaderahib343@gmail.com	Mobile Number: (+994) 51 594 91 67
Permanent Adress: Qabala d,Seidqishlaq v	Expected Salary Per Month: 1000\$
Nationality: Azerbaijan	Alternative rank applying for: Raiting forming par of an engine-room watch

Family Details: (If Unmarr	Family Details: (If Unmarried kindly give details of Father / Mother)							
First Name	Last Name	Gender	Relation	Contact				
Sahib	Mehdizade	Male	brother	051 962 67 07				
Vaqif	Mehdiyev	Male	father	050 368 95 40				

Maritime Education							
Name of school	Country	From	То	Type of degree or diploma			
KASPIAN EDU CENTER	Azerbaijan	04.2022	30.2022	Course			

Physical Data					
Height	165				
Weight	75				
Boilersuit Size	M				
Shoes Size	42				
Blood group	O(II)RH+				

Seamens Book & Identify Docs

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DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF	ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 0212	265	09.09.2022	Azerbaijan		09.09.2027
Certificate of Com	Azerbaijan	RP12452		14.02.2023	Azerbaijan		-
Respublic of Azerbaijan	Azerbaijan	C0260629	97	10.01.2021	Azerbaijan		10.01.2026
Do you hold a US Vi	sa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa 'B1/B2'?		YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been rejected for any visa applied for?				YES/NO	NO		
If YES, please state	the country and re	easons		-			

7 **Professional Test**

Professional Test Date	Name of Test	Score
-	-	-

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijjan	ASMA, BAKU	14.02.2023
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-3623-22	UAG	09.08.2022	08.08.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3623-22	UAG	09.08.2022	08.08.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-3623-22	UAG	09.08.2022	08.08.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3623-22	UAG	09.08.2022	08.08.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3623-22	UAG	09.08.2022	08.08.2027
International Safety Managment	Azerbaijan	SP-2346-22	UAG	03.08.2022	03.08.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2410-22	UAG	17.08.2022	17.08.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1939-22	UAG	11.08.2022	11.08.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1624-22	UAG	22.08.2022	22.08.2027

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com

Tel: +994 51 277 19 31

Seagoing Experience

(Please give a full record starting with the last vessel on which you served)

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
FHN	SVETLAMOR-2	Azerbaija n	TUG	5300 KW	KAT	6000		Motorman			4 month	End of Contract
KALYONCU DENIZCILIK	DELPHINUS	Cameros	CONTAIN ER	6300 KW	MAN	7000		Motorman	04.2023	09.2023	5 month	End of Contract
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Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Da	te pf Expi
Schengen		YES/NO	NO		-
US China		YES/NO YES/NO	NO NO		-
Australia		YES/NO YES/NO	NO		-
VA WAAW			l .		
Insurance,Health Related I	Documentation				
Medical Certificate (Fit for D	uty)			YES/N	0
		Vaccin	ation		
Yellow Fever				YES/N	
COVID-19				YES/N	U
Medical history					
Medical history Have you ever signed off a s	ship due to medica	ıl reasons?		YES/N	0
Have you ever signed off a s Have you undergone any op	eration in the past	:?		YES/N	0
Have you ever signed off a s Have you undergone any op Have you consulted a docto	peration in the past r during the last 12	? 2 months for an illne	ess/accident?	YES/N YES/N	0
Have you ever signed off a s Have you undergone any op Have you consulted a docto Do you have any health or d	peration in the past r during the last 12 disability problems	? 2 months for an illne	ess/accident?	YES/N YES/N YES/N	0 0 0
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications	peration in the past r during the last 12 lisability problems is regularly?	?? ? months for an illne now?		YES/N YES/N YES/N YES/N	0 0 0 0 0 0
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Have you ever signed off a set Have you undergone any operative Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject to the subject of the subject o	r during the last 12 lisability problems is regularly? ny of the above, pure the court of a court of er	e? 2 months for an illne now? lease give full deta	ils and attach a separate	YES/N YES/N YES/N YES/N Page if necess	0 0 0 0 0 0
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications	r during the last 12 lisability problems is regularly? ny of the above, puect of a court of erional license susp	ended or revoked?	ils and attach a separate	YES/N YES/N YES/N YES/N Page if necess	O O O O O O O O O O O O O O O O O O O
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject Have you ever had a profess	r during the last 12 lisability problems is regularly? ny of the above, puect of a court of erional license susp	ended or revoked?	ils and attach a separate	YES/N YES/N YES/N YES/N Page if necess	O O O O O O O O O O O O O O O O O O O

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Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services 16 References (Please give the name and address of your current or immediate past employer)

Name of company	1. Kalyoncu Denizcilik	2.
Name of person to contact	Elvin Mehdiyev	
Address	Samsun	
☎ No.	+994 51 662 81 12	

47	Deelenst's
1/	Declaration

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with y signature.

	Date:	12.12.2023	
Signature			

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