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APPLICATION FORM

1	Position	identity card PIN Number 827W1M2			
	Position Applied for:	Rating forming part of a navigational watch			
	Date Available from:	01.03.2024			

Personal Infromation	Gender: Male
First Name: QADIR	Last Name: SALMANOV
Date of Birth: 17.07.2002	Place of Birth (City and Country): Azerbaijan, MASALLI
Email:qadirsalmanov44@gmail.com	Mobile Number: (+994) 70 878 08 91
Permanent Adress: Masalli d, Bedelan v	Expected Salary Per Month:
	1000\$
Nationality: Azerbaijan	Alternative rank applying for:
	Rating forming part of a
	navigational watch

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Elshan	Salmanov	Male	Father	050 683 93 19			

Maritime Education					
Name of school	Country	From	То	Type of degree or diploma	
IST Services	Azerbaijan	04.2023	10.2023	Course	

Physical Data					
Height	175				
Weight	70				
Boilersuit Size	XL				
Shoes Size	42				
Blood group	O(I)RH+				

6 Seamens Book & Identify Docs

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF I	SSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 0260	28	09.12.2023	Azerbaijan		09.12.2028
Respublic of Azerbaijan	Azerbaijan	C0380051	3	08.09.2023	Azerbaijan		07.09.2033
Certificate of Competency	Azerbaijan	RP14009		01.12.2023	Azerbaijan		-
Do you hold a US Vis	YES/NO	NO	Issue Date:	-	Expiry	Date: -	
Do you hold a US Vis	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	If YES, please state the country and reasons					

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijjan	ASMA, BAKU	01.12.2023
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-3477-23	UAG	13.07.2023	20.06.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3477-23	UAG	13.07.2023	20.06.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3477-23	UAG	13.07.2023	20.06.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3477-23	UAG	13.07.2023	20.06.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3477-23	UAG	13.07.2023	20.06.2028
International Safety Managment	Azerbaijan	SP-2431-23	UAG	26.07.2023	04.07.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2356-23	UAG	14.07.2023	25.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2116-23	UAG	11.07.2023	21.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1839-23	UAG	27.07.2023	05.07.2028
Ship Security Officer	Azerbaijan		UAG		
Leadership & Teamwork	Azerbaijan		UAG		
Advanced Training in Fire Fighting	Azerbaijan		UAG		
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0621-2028	UAG	03.08.2023	03.08.2028

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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
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					7/3							
			A									
							470					
							341					
			19				5.1 / d		N			
									Y			
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						- 01						
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Yacht Management **Technical Management** Ship Brokering Surveying & Monitoring New Building & Repair

Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply** Technical Services

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

Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
_					
-					
Travel Documents					
Name		YES/NO	Country	Date pf	Expire
Schengen		YES/NO	NO	- Sate pi	
US		YES/NO	NO	-	
China		YES/NO	NO	-	
Australia		YES/NO	NO	-	
Insurance,Health Related	I Documentation				
Medical Certificate (Fit for I	Duty)			YES/NO	YE
		Vaccina	ation		
Yellow Fever				YES/NO	NO
COVID-19				YES/NO	NO
·					
Medical history	ahin dua ta madiaa	I reasons?		YES/NO	NO
Medical history Have you ever signed off a	ship due to medica			YES/NO	NO
Have you ever signed off a	pperation in the past			TES/INO	
Have you ever signed off a Have you undergone any of Have you consulted a doct	operation in the past or during the last 12	months for an illne	ss/accident?	YES/NO	NO
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or	operation in the past for during the last 12 disability problems r	months for an illne	ss/accident?	YES/NO YES/NO	N
Have you ever signed off a Have you undergone any of Have you consulted a doct	operation in the past for during the last 12 disability problems r	months for an illne	ss/accident?	YES/NO	N
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or Do you take any medication	operation in the past for during the last 12 disability problems r ins regularly?	months for an illne	ss/accident? Is and attach a separate	YES/NO YES/NO YES/NO	NO NO
Have you ever signed off a Have you undergone any o Have you consulted a doct Do you have any health or Do you take any medicatio (If the answer is YES to	operation in the past for during the last 12 disability problems r ins regularly?	months for an illne		YES/NO YES/NO YES/NO	N
Have you ever signed off a Have you undergone any o Have you consulted a doct Do you have any health or Do you take any medicatio (If the answer is YES to	operation in the past for during the last 12 disability problems r ns regularly? any of the above, pl	months for an illne now? lease give full detai	ls and attach a separate	YES/NO YES/NO YES/NO page if necessary)	NO NO
Have you ever signed off a Have you undergone any o Have you consulted a doct Do you have any health or Do you take any medicatio (If the answer is YES to General Have you ever been the sul	operation in the past for during the last 12 disability problems regularly? any of the above, plusted bject of a court of en	months for an illne now? lease give full detain a squiry or involved in	ls and attach a separate	YES/NO YES/NO YES/NO page if necessary) YES/NO	NO NO
Have you ever signed off a Have you undergone any o Have you consulted a doct Do you have any health or Do you take any medicatio (If the answer is YES to	operation in the past for during the last 12 disability problems regularly? any of the above, plusted bject of a court of en	months for an illne now? lease give full detain a squiry or involved in	ls and attach a separate	YES/NO YES/NO YES/NO page if necessary)	No No
Have you ever signed off a Have you undergone any o Have you consulted a doct Do you have any health or Do you take any medicatio (If the answer is YES to General Have you ever been the sul	operation in the past or during the last 12 disability problems on regularly? any of the above, plusted bject of a court of ensional license suspensional series.	months for an illne now? lease give full detain aquiry or involved intended or revoked?	Is and attach a separate	YES/NO YES/NO YES/NO page if necessary) YES/NO	NO NO
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or Do you take any medicatio (If the answer is YES to General Have you ever been the sul Have you ever had a profes	operation in the past or during the last 12 disability problems on regularly? any of the above, plusted bject of a court of ensional license suspensional series.	months for an illne now? lease give full detain aquiry or involved intended or revoked?	Is and attach a separate	YES/NO YES/NO YES/NO page if necessary) YES/NO	No No

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16	References (Please give the name and address of	of your current or immediate past employer)

Name of company	1	2.
Name of person to contact	-	
Address	-	
☎ No.	-	

Declaration 17

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 my signature.

See	Date:	22.12.2023	
Signature			