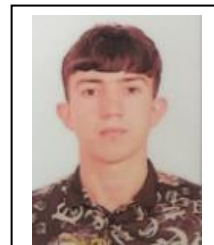




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 7PQQ63L
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	01.03.2024	

2

Personal Information		Gender: Male
First Name: EMIL	Last Name: ZULFUQAROV	
Date of Birth: 26.02.2002	Place of Birth (City and Country): Azerbaijan, SALYAN	
Email: emilzulfuqarov55@gmail.com	Mobile Number: (+994) 10 811 54 23	
Permanent Address: Salyan d, Qizilagac v	Expected Salary Per Month: 1000\$	
Nationality: Azerbaijan	Alternative rank applying for: Rating forming part of a navigational watch	
Person to call in emergency: (+994) 051 469 43 01 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elnur	Zulfuqarov			

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
KAINAT	Azerbaijan	06.2022	12.2022	Course

5

Physical Data	
Height	176
Weight	65
Boilersuit Size	L
Shoes Size	40
Blood group	B(III)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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 ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 022528	20.01.2023	Azerbaijan	20.01.2028
Certificate of Competency	Azerbaijan	RP12220	12.01.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03111885	08.02.2023	Azerbaijan	07.01.2033
Do you hold a US Visa '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 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)	Azerbaijan	ASMA, BAKU	12.01.2023
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4546-22	UAG	07.10.2022	27.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4546-22	UAG	07.10.2022	27.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4546-22	UAG	07.10.2022	27.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4546-22	UAG	07.10.2022	27.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4546-22	UAG	07.10.2022	27.09.2027
International Safety Managment	Azerbaijan	SP-3048-22	UAG	07.10.2022	23.09.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3192-22	UAG	10.10.2022	26.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2462-22	UAG	07.10.2022	29.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2040-22	UAG	07.10.2022	30.09.2027
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-1009-22	UAG	21.12.2022	21.12.2027
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan		UAG		
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan		UAG		
Medical First Aid	Azerbaijan		UAG		
Medical Care	Azerbaijan		UAG		
Global Maritime Distress and Safety System general operator	Azerbaijan		UAG		
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan		UAG		
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan		UAG		
Bridge Resource Management	Azerbaijan		UAG		
Ship Handling and Maneuvering	Azerbaijan		UAG		

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

[illegible]

- 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

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

11

For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12

Other Experience

-

12

Travel Documents

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

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Insurance,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	YES

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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Medical history

Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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15

General

Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

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

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

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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 my signature.

Date:

Signature

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