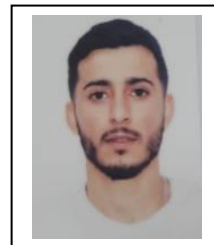




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

1

<b>Position</b>	<b>identity card PIN Number 6AJXZES</b>
<b>Position Applied for:</b>	Able Seafarer Deck
<b>Date Available from:</b>	01.01.2024

2

<b>Personal Information</b>	<b>Gender: Male</b>
<b>First Name: KAMUS</b>	<b>Last Name: MAMMADZADA</b>
Date of Birth: 29.08.1996	Place of Birth (City and Country): Azerbaijan, ASTARA
Email:kamusmamedov450@gmail.com	Mobile Number: (+994) 50 450 57 17
Permanent Address: Astara d, Tengerud v	Expected Salary Per Month:1500\$
Nationality: Azerbaijan	Alternative rank applying for: Able Seafarer Deck
<b>Person to call in emergency: (+994) 50 577 68 67 Father</b>	

3

<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Ramiz	Mammadov	Male	Father	<b>050 577 68 67</b>

4

<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Kainat Tadrıs Markazi MC	Azerbaijan	12.2017	06.2018	Course

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<b>Physical Data</b>	
Height	<b>170</b>
Weight	60
Boilersuit Size	S
Shoes Size	42
Blood group	O(I)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6

<b>Seamens Book &amp; Identify Docs</b>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>

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 Cıemenzenenli 119c,Afen Plaza Business Center 5nd floor,apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

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Seaman Book	Azerbaijan	DQK 025978	06.12.2023	Azerbaijan	06.12.2028
Certificate of Competency	Azerbaijan	RP09350	25.12.2019	Azerbaijan	25.12.2029
Republic of Azerbaijan	Azerbaijan	C00026910	26.06.2016	Azerbaijan	25.06.2026
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			-		

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### 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	25.12.2029
Flag State Endorsements	Panama	Panama City	03.09.2025

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### STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-5320-23	UAG	20.11.2023	13.11.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5320-23	UAG	20.11.2023	13.11.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5320-23	UAG	20.11.2023	13.11.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5320-23	UAG	20.11.2023	13.11.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5320-23	UAG	20.11.2023	13.11.2028
International Safety Management	Azerbaijan	SP-3549-23	UAG	07.11.2023	03.11.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4116-23	UAG	20.11.2023	16.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3443-23	IST	07.11.2023	30.10.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3259-23	UAG	12.12.2023	05.12.2028
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-0067-23	UAG	20.02.2020	20.02.2025
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		
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan				
1000v	Azerbaijan				

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Bunker Supply  
Technical Services

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

[illegible]

- Ship Management
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- Ship Agency
- Consultations
- Provision, Ship Supply

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Surveying & Monitoring  
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**For Engineers (Please provide details)**

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

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**Other Experience**

-
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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
<b>Vaccination</b>		
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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**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. FOR GROUP	2.
Name of person to contact	DERYA HANIM	
Address	PENDIK	
☎ No.	+90 533 705 59 74	

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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.



Signature

Date: 29.12.2023

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