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## **APPLICATION FORM**

1	Position	identity card PIN Number 23482565218			
	Position Applied for:	Rating forming part of a navigational watch, Cook			
	Date Available from:	01.03.2024			

Personal InformationGender: MaleFirst Name: MURATLast Name: USTUNDate of Birth: 25.11.1986Place of Birth (City and Country): Turkey, GELIBOLUEmail:muratkickboks3@gmail.comMobile Number: (+90) 541 844 76 78Permanent Adress: Shahicili neighborhood<br/>602, street No 4/2 Altinordu OrduExpected Salary Per Month:<br/>3000\$Nationality: TurkishAlternative rank applying for:<br/>CookPerson to call in emergency: (+90) 546 95 15 139 Wife

Family Details: (If Unmarried kindly give details of Father / Mother)

First Name

Last Name

Gender

Kubra

Ustun

Female

Wife

(+90) 546 95 15139

**Maritime Education** Type of degree or Name of school From To Country diploma Turizim and 2002 2005 Bachelor Turkey Hotelcilik Samsun Capa Turkey 07.2022 07.2023 Course Denizcilik

Height 172

Weight 71

Boilersuit Size M
Shoes Size 42

Blood group A+

Additional Physical Information:{You can write any other information you want to add about your physique in this field.}

Seamens Book & Identify Docs

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DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF I	SSUE	DATE OF EXPIRY
Republic of Turkey	Turkey	U 1595585	53	28.02.2018	Turkey		28.02.2028
Seaman Book A/B	Turkey	S0037118	7	18.07.2022	Turkey		18.07.2027
Seaman Book Cook	Turkey	S0037118	37	18.07.2022	Turkey		18.07.2027
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 th	ne country and reas	-					

7 Professional Test

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

Licences

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Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Turkey Country	Turkey	18.07.2027
Flag State Endorsements	-		-

**STCW Certificates & Trainings Date Of Training** Courses **Issued Country** Certificate No. **Date Issued** Center **Expiry** PERSONAL SURVIVAL TECHNICS Turkey 11905184 TR 18.07.2022 18.07.2027 FIRE PREVENTION & FIRE FIGHTING 11905184 TR 18.07.2022 18.07.2027 Turkey ELEMENTARY FIRST AID Turkey 11905184 TR 18.07.2022 18.07.2027 18.07.2027 PERSONAL SAFETY & SOCIAL RESPONSIBILITY 11905184 TR 18.07.2022 Turkey SAFETY FAMILIARIZATION TRAINING 11905184 18.07.2022 18.07.2027 Turkey TR Personal Survival Techniques Training 18.07.2027 11905177 TR 18.07.2022 Turkey Certificate Proficiency in Survival Craft & Rescue 11905176 TR 18.07.2022 18.07.2027 Turkey Security Awareness Training For All 11905183 TR 18.07.2022 18.07.2027 Turkey Security Training For Seafarers With 11905182 TR 18.07.2022 18.07.2027 Turkey **Designated Security Duties Document Of Compliance for Ships** 18.07.2022 18.07.2027 11905180 TR Turkey Cooks TR 18.07.2022 18.07.2027 Leadership & Teamwork Turkey **Advanced Training in Fire Fighting** 11905180 18.07.2022 18.07.2027 Turkey TR Personal Safety And Social 11905178 TR 18.07.2022 18.07.2027 Turkey Responsibility Training Certificate TR Advanced training for oil tanker cargo 18.07.2022 18.07.2027 Turkey operations (Crude oil washing system) Advanced training for Chemical tanker TR 18.07.2022 18.07.2027 cargo operations; (STCW Code section Turkey A-V/1-1, table A-V/1-1-3) TR Medical First Aid 11905179 18.07.2022 18.07.2027 Turkey

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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
Fatih Ofshore	Sancar	Turkey	PSV	2030		2576		Cook	02.11.2022	14.02.2023		End of Contract
Atlantik Denizcilik	Korkut	Turkey	PSV	2030		2576		Cook	26.12.2023			Currently working
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Generators					
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Date p	f Expire
Schengen		YES/NO	NO NO		<u>-</u>
US China		YES/NO YES/NO	NO NO		<u>-</u>
Australia		YES/NO YES/NO	NO		-
Incurance Health Balated	Documentation				
Insurance, Health Related				VE0/NO	,
Medical Certificate (Fit for D	uty)	Vaccin	ation	YES/NO	· ·
Yellow Fever				YES/NO	•
COVID-19				YES/NO	,
Medical history					
Medical history Have you ever signed off a	ship due to medical	I reasons?		YES/NO	
Have you ever signed off a Have you undergone any o	peration in the past	?		YES/NO	
Have you ever signed off a Have you undergone any op Have you consulted a doctor	peration in the past or during the last 12	? months for an illne	ess/accident?	YES/NO YES/NO	
Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or of	peration in the past' or during the last 12 disability problems r	? months for an illne	ess/accident?	YES/NO YES/NO YES/NO	
Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication	peration in the past' or during the last 12 disability problems r s regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or of	peration in the past' or during the last 12 disability problems r s regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
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Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or of Do you take any medication  (If the answer is YES to a  General  Have you ever been the sub	peration in the past' or during the last 12 disability problems r is regularly? any of the above, pl	months for an illne now? ease give full deta	ils and attach a separa	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO  Te page if necessary)	0
Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or of Do you take any medication  (If the answer is YES to a  General  Have you ever been the sub Have you ever had a profess	peration in the past' r during the last 12 disability problems r s regularly?  any of the above, plusted in the past' in t	months for an illne now? ease give full deta quiry or involved in	ils and attach a separa	YES/NO YES/NO YES/NO YES/NO YES/NO te page if necessary)	0
Have you ever signed off a Have you undergone any op Have you consulted a docto Do you have any health or op Do you take any medication	peration in the past' r during the last 12 disability problems r s regularly?  any of the above, plusted in the past' in t	months for an illne now? ease give full deta quiry or involved in	ils and attach a separa	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO  Te page if necessary)	0
Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or of Do you take any medication  (If the answer is YES to a  General  Have you ever been the sub Have you ever had a profess	peration in the past' r during the last 12 disability problems r s regularly?  any of the above, plusted in the past' in t	months for an illne now? ease give full deta quiry or involved in	ils and attach a separa	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO  Te page if necessary)	0

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Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

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

Name of company	1.Atlantik Denizcilik	2.Fatih Ofshore
Name of person to contact	Fatma Cagalar Personel Muduru	Elvin Kaptan
Address	-	-
<b>☎</b> No.	+90 543 529 22 95	+994 50 590 83 02

17	Declaration
	Deciaration

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:	02.01.2024	
Signature			

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