## **APPLICATION FORM**

navigational watch					Date Available from:				
1. Personal I	Data								
Family Name Huseynov First Name Etibar						Middle Name: Alakbar			
Date of Birth	-	Place	of Birth (City and Cou						
			MKİR ,AZERBAIJAN	N	Citizenship: AZERBAIJANI				
Permanent A	ILI	Phone (Home): Phone (Business/ Mobi E-mail:			,	94516261896			
2. Maritime	Education								
	f school	Town	Country	Froi	m	To	Type of deg	gree or diploma	
"KAİNAT M	ZM" LLC		azerbaijan						
3. Profession	al Test								
English Test Da	ite		Name of Test			Score			
Professional Test Date			Name of Test			Score			
Professional Int	erview Date	Result	Result						
4. Family De	etails								
	, Married, Separated, I	Divorced, Widow	ed):						
Next of Kin (the fi				Relati	onship				
Address of Residence						Phone	:		
	Daughter	Son	Son						
Family Name									
First Name									
Date of Birth									
City of living									
Phone Numbers									

5. Identity Documents								
Document	Country	Number	Place of Issue	Issue Date	Expiry Date			
Seaman's Book	Azerbaijan	DQK025131	State of maritime administration	21.09.2023	31.09.2028			
Travel Passport	Azerbaijan	C03880143	MIA	11.11.2021	10.11.2031			
Civil Passport	Azerbaijan	AA4992230	ASAN-GƏNCƏ	17.05.2023	17.05.2033			

6. Valid Visa						
Country or Union	Туре	Valid Until				

7. Courses Attended and Certificates Obtained							
Document	Number	Da	ites	Place			
Document	Number	Issue	Expiry	race			
Certificate of Competency/Sailor	1958/23	05.09.2023		AZERBAIJAN			
Maltese Endorsement of COC							
Oil Tanker Endorsement							
Chemical Tanker Endorsement							
Gas Tanker Endorsement							
Oil Tanker Familiarization Training							
Chemical Tanker Familiarization Training							
Gas Tanker Familiarization Training							
Oil Tankers Specialized Training							
Chemical Tanker Specialized Training							
Gas Tanker Specialized Training							
Basic Trainings	SO-4414-23	23.08.2023	14.08.2028	AZERBAIJAN			
Proficiency in Survival Craft and Rescue Boats	SL-3077-23	15.08.2023	15.08.2028	AZERBAIJAN			
Advanced Fire Fighting							
Medical First Aid Training							
Medical First Aid Training and Medical Care							
GMDSS							
GMDSS Endorsement							
Radar Observation & Plotting							
Automatic Radar Plotting Aids Simulator (ARPA)							
Bridge Team Management							
Shiphandling & Maneuvering							
Ship Security Officer Training Course	SH-2173-23	11.08.2023	10.08.2028	AZERBAIJAN			
Maltese Endorsement of SSO							
ISM Code	SP-2755-23	16.08.2023	09.08.2023	AZERBAIJAN			
Safety Officer							
ECDISTraining Course							
Risk Assessment Course							
C.O.W./ I.G.S							
Fire Practice on Tankers							
Vapour Recovery System							
Unmanned Machinery Space							
FRAMO Familiarization Course							
Cargo Ballast Operations on Oil/Chemical Tankers							
Hazardous Materials							
Welder							
Turner							
Risk Management And Incident Investigation							
Training of seafarers with designated security duties in compliance with ISPS Code	Sİ-2592-23	17.08.2023	11.08.2028	AZERBAIJAN			

8. Physical Data								
Height		176						
Weight		85						
Colour of Hair		BLACK						
Colour of Eyes		BROWN						
Boilersuit Size		XL						
Shoes Size	Shoes Size 42							
9. Medical History				Yes	No			
Have you ever signed off a ship due	e to med	lical reasons?			+			
Did you undergo any medical opera	ation in t	the past?			+			
Have you consulted a doctor during	the last	t 12 months for an illnes	ss/accident?		+			
Do you have any health or disability	y proble	ems now?			+			
If yes, please give full details:								
Totalina Alama IM 11 1 To 1 12		Passed:		Valid till:				
International Medical Examination								
Vaccination Against Yellow Fiver								
Vaccination Against Diphtheria								
10. References (please give name and address	ss of your cu	urrent or past employer)	Office	remarks				
Name of Company								
Name of person to contact								
Address								
Phone								
Name of Company								
Name of person to contact								
Address								
Phone								
			<b>'</b>					
11. Bank address for allotments								
Beneficiary								
Account No.								
Name of Bank								
Bank Address								
12. Knowledge and experience			<u> </u>	Zes	No			
OCIMF vetting experience:								
ISGOT knowledge:								
13. I hereby declare that the abov	e, inclu	ding Medical History.	is true					
Place	Date	, , , , , , , , , , , , , , , , , , ,	Signatur	e				
14. For Office use only								

## 15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
				_						

## Total rank sea service:

## **Total type of vessel sea service:**

Rank	Years
Sailor	
Total	

Type of vessel	Years
OIL TANKER	
LPG	
DRY CARGO	
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	