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APPLICATION FORM

1	Position	identity card PIN Number 5KYQMN5
	Position Applied for:	Officer in charge of a navigational watch
	Date Available from:	08.01.2024

Personal Information Gender: Male First Name: RASHAD Last Name: ZEYNALOV Date of Birth: 21.10.1979 Place of Birth (City and Country): Azerbaijan, NAKHCHIVAN Email: Rashad.zeynalov79@gmail.com Mobile Number: (+994) 55 764 82 32 Permanent Adress: Baku city, Yasamal d, **Expected Salary Per Month:** Sharifzada 33, home 75 2000\$ Nationality: Azerbaijan Alternative rank applying for:Officer in charge of a Person to call in emergency: (+994) 50 647 47 82 Brother

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

First Name Last Name Gender Relation Contact

Nicat Zeynalov Male Brother 050 647 47 82

 Name of school
 Country
 From
 To
 Type of degree or diploma

 Baku Naval War College
 Azerbaijan
 1997
 2002
 Bachelor

Height

Height

166

Weight

Boilersuit Size

Shoes Size

Blood group

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

| Seaman's Book & Identify Docs | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Seaman Book	Azerbaijan	DQK 0252	232	29.09.2023	Azerbaijar	1	29.09.2028
Certificate of Competency	Azerbaijan	0007958		21.09.2023	Azerbaijar	ı	21.09.2028
Republic of Azerbaijan	Azerbaijan				Azerbaija	n	
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 rej	ected for any visa a	pplied for?	•	YES/NO	NO		
If YES, please stat	e the country and re	easons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	21.09.2028
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-2347-23	UAG	24.05.2023	18.05.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2347-23	UAG	24.05.2023	18.05.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-2347-23	UAG	24.05.2023	18.05.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2347-23	UAG	24.05.2023	18.05.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2347-23	UAG	24.05.2023	18.05.2028
International Safety Management	Azerbaijan	SP-1650-23	UAG	19.05.2023	19.05.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1821-23	UAG	30.05.2023	30.05.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1407-23	UAG	16.05.2023	16.05.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1121-23	UAG	16.05.2023	08.05.2028
Refresher	Azerbaijan	YS-0004-23	UAG	31.05.2023	31.05.2028
Leadership & Teamwork	Azerbaijan	DL-0319-23	UAG	11.05.2023	11.05.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0662-23	UAG	26.05.2023	22.05.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan				
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan				
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan				
Medical First Aid	Azerbaijan	SN-0766-23	UAG	17.05.2023	17.05.2028
Medical Care	Azerbaijan		UAG		
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0319-23	UAG	12.05.2023	12.05.2028
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0132-23	UAG	23.05.2023	23.05.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0324-23	UAG	15.05.2023	15.05.2028
Bridge Resource Management	Azerbaijan	SW-0224-23	UAG	22.05.2023	22.05.2028
Ship Handling and Maneuvering	Azerbaijan				

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering
Surveying & Monitoring New Building & Repair

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
DSX(Herbi Deniz Quvveleri)	-	Azerbaijan	PSK	-		660		2 nd off , 3 rd off , Mater	-	-	-	End of Contract
DSX	-	Azerbaijan	PSV	-		MA	-	2 nd off , 3 rd off , Mater	-	-	-	End of Contract
							<u>ae</u>					

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

Purifiers and Boilers Type of Cranes / No of Reefer Containers Travel Documents Name	Generators				
Travel Documents Name YES/NO Schengen YES/NO NO Country Schengen YES/NO NO China YES/NO NO Australia YES/NO NO Australia YES/NO NO TES/NO NO NO NO NO NO TES/NO NO NO NO NO NO TES/NO NO NO NO NO NO NO NO NO NO	Purifiers and Boilers _				
Travel Documents Name YES/NO NO - Schengen YES/NO NO - US YES/NO NO - LUS YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - Insurance,Health Related Documentation Medical Certificate (Fit for Duty) YES/NO Vaccination Valcination Yes/NO Yes/NO Yes/NO Vaccination Valcination Yes/NO Yes/NO Yes/NO Vaccination Wedical Certificate (Fit for Duty) Yes/NO Vaccination Yellow Fever Yes/NO Yes/NO Yes/NO Vaccination Wedical Fit for Duty Yes/NO Vaccination Yellow Fever Yes/NO Yes/NO Vaccination Wedical history Have you ever signed off a ship due to medical reasons? Yes/NO Have you undergone any operation in the past 12 months for an illness/accident? Yes/NO Have you undergone any operation in the past 12 months for an illness/accident? Yes/NO Do you have any health or disability problems now? Yes/NO Do you take any medications regularly? Yes/NO (If the answer is YES to any of the above, please give full details and attach a separate page if necessary) General Have you ever been the subject of a court of enquiry or involved in a maritime accident? Yes/NO Have you ever had a professional license suspended or revoked? Yes/NO Yes	Type of Cranes / No of Reefer Containers				
Name	Other Experience				
Travel Documents YES/NO					
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Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

16	References (Please give the na	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	-							

Address	-			
☎ No.	-			
Declaration				
hereby declare that the	above particulars are true	and authorise you to	o contac	et the referees listed above.
I have read it. I am famil	ar with it, I confirm with my	signature.		
	<u></u>	g		
			Date:	09 04 2024
			Date.	08.01.2024

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair