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## **APPLICATION FORM**

1	Position	identity card PIN Number 19MX97V
	Position Applied for:	Rating forming part of a navigational watch
	Date Available from:	15.01.2024

**Personal Information** Gender: Male First Name: SADIR Last Name: BAGHIROV Date of Birth: 21.07.1985 Place of Birth (City and Country): Azerbaijan, LANKARAN Email: sadir.85@mail.ru Mobile Number: (+994) 50 306 66 68 Permanent Adress: Lankaran d, Mamusta 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) 50 648 89 39 Father

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

First Name Last Name Gender Relation Contact

Bahaddin Bagirov Male Father 050 648 89 39

 Maritime Education

 Name of school
 Country
 From
 To
 Type of degree or diploma

 IST Services
 Azerbaijan
 04.2023
 10.2023
 Course

Height

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.}

6 Seaman's 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

DOCUMENT	DOCUMENT COUNTRY NUMBER					F ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	026178	21.12.2023	Azerb	aijan	21.12.2028
Certificate of Competency	Azerbaijan		14100	13.12.2023	Azerbaijan		-
Republic of Azerbaijan			928702	09.01.2022	Azerk	oaijan	08.01.2032
Do you hold a US Vis	Do you hold a US Visa 'C1/D'? YES/NO NO					Expiry	Date: -
Do you hold a US Vis	Do you hold a US Visa 'B1/B2'? YES/NO NO					Expiry Date:-	
Have you been reject	Have you been rejected for any visa applied for?						
If YES, please state t	f YES, please state the country and reasons						

**Professional Test** 

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

Licences 8

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA,BAKU	13.12.2023
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-3472-23	UAG	13.07.2023	20.06.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3472-23	UAG	13.07.2023	20.06.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3472-23	UAG	13.07.2023	20.06.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3472-23	UAG	13.07.2023	20.06.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3472-23	UAG	13.07.2023	20.06.2028
International Safety Management	Azerbaijan	SP-2436-23	UAG	26.07.2023	04.07.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2361-23	UAG	14.07.2023	25.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2121-23	UAG	11.07.2023	21.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1844-23	UAG	27.07.2023	05.07.2028

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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
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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

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	Generators						
Travel Documents    Name	Purifiers and Boilers	-					
Travel Documents  Name YES/NO Schengen YES/NO NO - US YES/NO NO - Australia YES/NO NO - Australia YES/NO NO -  Medical Certificate (Fit for Duty) YES/NO Vaccination  Wellow Fever Vaccination  YES/NO YES/NO PES/NO YES/NO  Wellow Fever YES/NO COVID-19 PES/NO PES/NO PES/NO PES/NO  Medical history  Medical history  Have you ever signed off a ship due to medical reasons? Have you consulted a doctor during the last 12 months for an illness/accident? YES/NO Do you have any health or disability problems now? YES/NO On you have any medications regularly? (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 been the subject of a court of enquiry or involved in a maritime accident? YES/NO 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 Have you ever had a professional license suspended or revoked?	Type of Cranes / No of Reefer Containers	-					
Name	Other Experience						
Travel Documents   YES/NO   Country   Date pf Expir							
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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 name and address of your current or immediate past employer)

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

17 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.

Soffmer

08.01.2024 Date:

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