



APPLICATION FORM

1	Position	identity card PIN Number 0W0VFJS		
	Position Applied for:	Master		
	Date Available from:	10.01.2024		

Personal Information Gender: Male 2 First Name: MAMMAD Last Name: AGAVERDIYEV Date of Birth: 23.12.1978 Place of Birth (City and Country): Azerbaijan, ABSHERON Email:mamed_4004@mail.ru Mobile Number: (+994) 55 242 98 98 Permanent Adress: Qaradag d, Lokbatan v **Expected Salary Per Month:** 4000\$ Nationality: Azerbaijan Alternative rank applying for: Chief Officer Person to call in emergency: (+994) 51 622 92 75 Son

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

First Name Last Name Gender Relation Contact

Ali Agaverdiyev Male Son 0 51 622 92 75

 Maritime Education

 Name of school
 Country
 From
 To
 Type of degree or diploma

 Azerbaijan State Marine Academy
 Azerbaijan
 1995
 1999
 Bachelor

Height

Height

178

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

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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Seaman Book	Azerbaijan DQK (017930	08.07.2021	Az	erbaijan	08.07.2026
Certificate of Competency	Azerbaijan	0001432		21.06.2021	Az	erbaijan	21.06.2026
Republic of Azerbaijan	Azerbaijan	C03	708390	03.08.2021	Azerbaijan		02.08.2031
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO	YES/NO NO Issue Date: - Expir		Expiry	Date:-		
Have you been rejecte	YES/NO	NO					
If YES, please state th	-						

7 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	21.06.2026
Flag State Endorsements	-	-	-

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Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-1096-21	UAG	08.06.2021	08.06.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1096-21	UAG	08.06.2021	08.06.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1096-21	UAG	08.06.2021	08.06.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1096-21	UAG	08.06.2021	08.06.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1096-21	UAG	08.06.2021	08.06.2026
International Safety Management	Azerbaijan	SP-0743-21	UAG	02.06.2021	02.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0801-21	UAG	04.06.2021	04.06.2026
Security Awareness Training For All Seafarers	Azerbaijan		UAG		
Security Training For Seafarers With Designated Security Duties	Azerbaijan		UAG		
Ship Security Officer	Azerbaijan	SG-0057-20	UAG	12.02.2020	12.02.2025
Leadership & Teamwork	Azerbaijan	DL-0459-21	UAG	24.05.2021	24.05.2026
Advanced Training in Fire Fighting	Azerbaijan	SJ-0114-20	UAG	21.02.2020	21.02.2025
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan		UAG		
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	SN-0364-21	UAG	21.05.2021	16.05.2026
Medical Care	Azerbaijan	SM-0043-20	UAG	13.02.2020	13.02.2025
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0259-21	UAG	09.06.2021	09.06.226
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0185-21	UAG	04.06.2021	04.06.2026
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0267-21	UAG	27.05.2021	27.05.2026
Bridge Resource Management	Azerbaijan	SW-0226-21	UAG	01.06.2021	01.06.2026
Ship Handling and Maneuvering	Azerbaijan	SV-0168-21	UAG	25.05.2021	25.05.2026

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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
ASCO	BAKU	Azerbaijan	Dry Cargo	-	-	3000	-	3 rd OFF	2003	2004	6 month	End of Contract
							210					
							ST.					
									NJ			
									Y			
									V			

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	-				
Other Experience					
-					
Travel Documents		VEONO	Committee	D-1	
Name Schengen		YES/NO YES/NO	Country NO	Date	pf Expire
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance,Health Related I	Documentation				
Medical Certificate (Fit for D				YES/NO	,
·	//	Vaccin	ation	I LO/INO	
Yellow Fever		· · · · · · · · · · · · · · · · · · ·		YES/NO	
COVID-19				YES/NO	,
answer is YES to any of the	above, please give	e full details and at	tach a separate page if r	necessary)	
answer is YES to any of the	above, please giv	e full details and at	tach a separate page if r	necessary)	
	above, please giv	e full details and at	tach a separate page if r	necessary)	
Medical history			tach a separate page if r		
Medical history Have you ever signed off a s	ship due to medica	Il reasons?	tach a separate page if r	YES/NO	
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica	Il reasons?		YES/NO YES/NO	
Medical history Have you ever signed off a see Have you undergone any op Have you consulted a doctory	ship due to medica eration in the past r during the last 12	Il reasons? ? ? months for an illne		YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica eration in the past r during the last 12 isability problems	Il reasons? ? ? months for an illne		YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a docto Do you have any health or d	ship due to medica eration in the past r during the last 12 isability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO	
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Medical history Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subj	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of th	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subj	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of th	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history Have you ever signed off a see that the your undergone any open have you consulted a doctor to you have any health or do you take any medications (If the answer is YES to a	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history Have you ever signed off a see Have you undergone any open Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject of t	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)

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Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services 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.

10.01.2024 Date:

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