



APPLICATION FORM

1	Position	identity card PIN Number 2WU1C39
	Position Applied for:	Master
	Date Available from:	01.02.2024

Personal Information Gender: Male 2 First Name: ELSHAN Last Name: MUSTAFAYEV Date of Birth: 13.12.1968 Place of Birth (City and Country): Azerbaijan, GUBA Mobile Number: (+994) 50 630 20 34; 012 445 92 61 Email: mustafayevelsen35@gmail.com Permanent Adress: Yeni Yasamal, Asad **Expected Salary Per** Ahmadov 45 Month:7000\$ Alternative rank applying for: Nationality: Azerbaijan Master Person to call in emergency: (+994) 50 684 95 90 Daughter

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

First Name Last Name Gender Relation Contact

Aytekin Mustafayeva Female Daughter 050 684 95 90

Name of school

Azerbaijan
Maritime College

Maritime Education

Country
From
To
Type of degree or diploma
1986
1991
Sub-bachelor

Height

Height

173

Weight

Boilersuit Size

Shoes Size

Blood group

A(II)RH+

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 013861		09.04.2019	Aze	erbaijan	09.04.2024
Certificate of Competency	Azerbaijan	0000055		20.11.2020	Aze	erbaijan	20.11.2025
Republic of Azerbaijan	Azerbaijan	-		-	Aze	erbaijan	-
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?			Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO NO		Issue Date:	-	Expiry	Date:-	
Have you been reject	ed for any visa app	•	YES/NO	NO			
If YES, please state the		-					

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	21.11.2025
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-0102-22	UAG	14.01.2022	14.01.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0102-22	UAG	14.01.2022	14.01.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-0102-22	UAG	14.01.2022	14.01.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0102-22	UAG	14.01.2022	14.01.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0102-22	UAG	14.01.2022	14.01.2027
International Safety Management	Azerbaijan	SP-3572-22	UAG	02.12.2022	01.12.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0650-21	UAG	08.05.2021	08.05.2026
Security Awareness Training For All Seafarers	Azerbaijan		UAG		
Updating	Azerbaijan	XS-0087-20	UAG	05.11.2020	05.11.2025
Ship Security Officer	Azerbaijan	SG-0113-21	UAG	06.05.2021	23.04.2026
Leadership & Teamwork	Azerbaijan	DL-0043-21	UAG	04.02.2021	25.01.2026
Advanced Training in Fire Fighting	Azerbaijan	SJ-1662-22	UAG	29.11.2022	29.11.2027
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-1574-22	UAG	30.11.2022	30.11.2027
Medical Care on Board	Azerbaijan	SM-0178-23	UAG	11.04.2023	11.04.2028
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0450-22	UAG	21.07.2022	18.12.1968
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0062-20	UAG	21.02.2020	21.02.2025
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0254-23	UAG	06.04.2023	06.04.2028
Bridge Resource Management	Azerbaijan	SW-0080-20	UAG	28.02.2020	28.02.2025
Ship Handling and Maneuvering	Azerbaijan	SV-0074-20	UAG	20.02.2020	20.02.2025

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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

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
BUE CASPIAN LTD	FORTRESS	Azerbaija n	Offshore		PSV	2077		Master	10.04.201 9	01.06.201 9	2 month	End Of Contract
BUE CASPIAN LTD	FOETRESS	Azerbaija n	Offshore		PSV	2077	C_{E}	Master	13.07.201 9	-	-	End Of Contract
BUE CASPIAN LTD	CASPIAN PRIDE	Azerbaija n	Offshore		PSV	2265		Master	27.08.201 9	03.10.201 9	2 month	End Of Contract
BUE CASPIAN LTD	CASPIAN PRIDE	Azerbaija n	Offshore		PSV	2265		Master	21.11.201 9	25.12.201 9	1 month	End Of Contract
BUE CASPIAN LTD	CASPIAN PRIDE	Azerbaija n	Offshore		PSV	2265	4	Master	05.02.202 0	12.03.202	1 month	End Of Contract
BUE CASPIAN LTD	CASPIAN PRIDE	Azerbaija n	Offshore	P	PSV	2265	W.C.	Master	18.07.202 1	31.08.202 1	1 month	End Of Contract
BUE CASPIAN LTD	CASPIAN PRIDE	Azerbaija n	Offshore		PSV	2265		Master	17.10.202 1	28.11.202 1	1 month	End Of Contract
BUE CASPIAN LTD	CASPIAN PRIDE	Azerbaija n	Offshore		PSV	2265		Master	11.01.202 2	25.02.202 2	1 month	End Of Contract
BUE CASPIAN LTD	CASPIAN PRIDE	Azerbaija n	Offshore		PSV	2265	9/9	Master	11.04.202 2	29.05.202 2	1 month	End Of Contract
BUE CASPIAN LTD	CASPIAN PRIDE	Azerbaija n	Offshore		PSV	2265		Master	14.07.202 2	27.08.202 2	1 monrh	End Of Contract

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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**

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	
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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 sub	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)
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References (Please give the name and address of your current or immediate past employer) 16

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

Date:

12.01.2024

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.

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