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APPLICATION FORM

1	Position	identity card PIN Number 783WR0P
	Position Applied for:	Electro Technical Rating
	Date Available from:	01.02.2024

Personal Information Gender: Male First Name: HEYDAR Last Name: MIRZAZADA Date of Birth: 03.06.2001 Place of Birth (City and Country): Azerbaijan, BAKU Mobile Number: (+994) 50 392 23 16; 099 392 23 16 Email: mirzezadeheyder@gmail.com Permanent Adress: Baku c, Khazar d, Expected Salary Per Month: Mardakan v 2000\$ Nationality: Azerbaijan Alternative rank applying for: **Electro Technical Rating** Person to call in emergency: (+994) 50 647 65 34 Father

Family Details: (If Unmarried kindly give details of Father / Mother) Gender Relation First Name Last Name Contact Mahir Mirzayev Male Father 050 647 65 34 Mahur Tahirov Male Grandfather 050 287 33 90

Name of school

Azerbaijan State
Marine Academy

Maritime Education

Country
From
To
Type of degree or diploma

Azerbaijan 2018 2022

Bachelor

Height

176

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 |

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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 0262	246	27.12.2023	Azerbaijan		27.12.2028
Certificate of Competency	Azerbaijan	RP10684		19.11.2021	Azerbaijan	Azerbaijan	
Republic of Azerbaijan	Azerbaijan	C02259632		22.08.2019	Azerbaijan	Azerbaijan	
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US V	YES/NO	NO	Issue Date:	- Expiry Date:-		Date:-	
Have you been reje	cted for any visa a	YES/NO	NO				
If YES, please state	the country and re	-					

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	19.11.2021
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings								
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry			
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-5904-23	UAG	22.12.2023	22.12.2028			
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5904-23	UAG	22.12.2023	22.12.2028			
ELEMENTARY FIRST AID	Azerbaijan	SO-5904-23	UAG	22.12.2023	22.12.2028			
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5904-23	UAG	22.12.2023	22.12.2028			
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5904-23	UAG	22.12.2023	22.12.2028			
International Safety Management	Azerbaijan	SP-3992-23	UAG	15.12.2023	15.12.2028			
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4018-22	UAG	12.12.2022	12.12.2027			
Security Awareness Training For All Seafarers	Azerbaijan	SI-3974-23	UAG	15.12.2023	08.12.2028			
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2432-22	UAG	14.12.2022	14.12.2027			

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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

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
						AAI						
					7/3							
			<u> </u>									
			A.									
							470					
							341					
			10				5.1 / d		N			
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Generators	-					
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country		Data :	of Expir
Schengen		YES/NO YES/NO	NO		Date p	- ⊏xpir
US		YES/NO	NO			-
China		YES/NO	NO			-
Australia		YES/NO	NO			-
Insurance,Health Related	Documentation					
Medical Certificate (Fit for D					YES/NO	
Weddal Collingate (Fit for E	outy)	Vaccin	ation		TES/NO	
Yellow Fever					YES/NO	
Yellow Fever COVID-19 e answer is YES to any of the	e above, please give			necessa	YES/NO	
COVID-19	e above, please give			necessa	YES/NO	
COVID-19	e above, please give			necessa	YES/NO	
COVID-19 e answer is YES to any of the		e full details and at		necessa	YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of	ship due to medical	e full details and at reasons?	ttach a separate page if	necessa	YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	ship due to medical peration in the past' or during the last 12	e full details and at reasons? months for an illne	ttach a separate page if	necessa	YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off	ship due to medical peration in the past' or during the last 12 disability problems r	e full details and at reasons? months for an illne	ttach a separate page if	necessa	YES/NO YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	ship due to medical peration in the past' or during the last 12 disability problems r	e full details and at reasons? months for an illne	ttach a separate page if	necessa	YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off	ship due to medical peration in the past' or during the last 12 disability problems r ns regularly?	reasons? months for an illne	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
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e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off Do you take any medication (If the answer is YES to a	ship due to medical peration in the past' or during the last 12 disability problems r ns regularly? any of the above, pl	reasons? months for an illnerow? ease give full deta	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO THE SINCE YES/NO YES/NO THE SINCE YES/NO	
Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a	ship due to medical peration in the past or during the last 12 disability problems ras regularly? any of the above, playing the proplem of the above of the abov	reasons? months for an illnerow? ease give full deta	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	NO.
Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a	ship due to medical peration in the past' or during the last 12 disability problems ras regularly? any of the above, playing the proplem of the above of the abo	reasons? months for an illner now? ease give full deta	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	NO.
Medical history Have you ever signed off a Have you consulted a doctor Do you have any health or or Do you take any medication (If the answer is YES to a	ship due to medical peration in the past' or during the last 12 disability problems ras regularly? any of the above, playing the proplem of the above of the abo	reasons? months for an illner now? ease give full deta	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	NO.

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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.

16.01.2024 Date:

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