



## APPLICATION FORM

Personal ID Number													

Position Applied for: Able Seafarer Engine	Date Available from: ANY TIME
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1. Personal Data		
Family Name: Kazimzade	First Name: Royal	Middle Name:
Date of Birth:	Place of Birth (City and Country): Azerbaijan	Citizenship: AZERBAIJANIAN
Permanent Address: Sahil street. 86/1 Lankaran, Azerbaijan		Phone Mobile: +994704246302 E-mail: royal.kazim.42@gmail.com

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
ABLE SEAFARER-Engine	Baku	Azerbaijan			CERTIFICAT
ADK	Baku	Azerbaijan			DIPLOM

3. Professional Test		
Azerbaijan	GOOD	
TURK	GOOD	
English	MIDDLE	
RUSSIAN	MIDDLE	

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<b>4. Family Details</b>					
<b>Civil Status</b> (Single, Married, Separated, Divorced, Widowed) : Single					
<b>Next of Kin</b> (the first emergency contact)				<b>Relationship:</b>	
Yashar Kazimzade				<b>Brother</b>	
Address of Residence : Sahil street. 86/1 Lankaran, Azerbaijan				Phone: +994515215070	
	Father	Mother	Brother		
<b>Family Name</b>	İlqar		Yaşar		
<b>First Name</b>	Kazimov		Kazimzade		
<b>Date of Birth</b>	17.04.1972		04.07.1997		
<b>City of living</b>	Lankaran, Azerbaijan		Lankaran, Azerbaijan		
<b>Phone Numbers</b>	+994707334491		+994515215070		
<b>5. Identity Documents</b>					
<b>Document</b>	<b>Country</b>	<b>Number</b>	<b>Place of Issue</b>	<b>Issue Date</b>	<b>Expiry Date</b>
Seaman's Book	AZERBAIJAN	DQK-018268	State of Maritime Administration	28.08.2021	28.08.2026
Travel Passport	AZERBAIJAN	C03926351	AZERBAIJAN	24.11.2021	23.11.2031
Civil Passport	AZERBAIJAN	AA1059802	AZERBAIJAN		
<b>6. Valid Visa</b>					
<b>Country or Union</b>		<b>Type</b>		<b>Valid Until</b>	
N/A		N/A		N/A	
N/A		N/A		N/A	
<b>7. Courses Attended and Certificates Obtained</b>					
<b>Document</b>	<b>Number</b>		<b>Dates</b>		<b>Place</b>
			<b>Issue</b>	<b>Expiry</b>	
Certificate of Competency	<b>3444</b>	<b>145108</b>	<b>29.01.2021</b>		AZERBAIJAN
Updating					AZERBAIJAN
Training for seafarers with designated security duties	SH-0427-21		27.05.2021	21.05.2026	AZERBAIJAN
Ship Security-related training and instruction					AZERBAIJAN
Dangerous hazardous and harmfull cargoes					AZERBAIJAN

Advanced training for oil tanker cargo operations				AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-0850-21	11.06.2021	11.06.2026	AZERBAIJAN
Advanced Fire Fighting				AZERBAIJAN
Medical First Aid Training				AZERBAIJAN
Medical First Aid Training and Medical Care				AZERBAIJAN
Leadership and Teamwork				AZERBAIJAN
GMDSS General Operator				AZERBAIJAN
GMDSS Endorsement				
Automatic Radar Plotting Aids Simulator (ARPA)				AZERBAIJAN
Bridge Team Management				AZERBAIJAN
Shiphandling& Maneuvering				AZERBAIJAN
Ship Security-related Training and instruction	SI-0473-21	01.06.2021	19.05.2026	AZERBAIJAN
Operational Use of Electronic Chart Display and information Systems				AZERBAIJAN
International Safety Management Code	SP-0818-21	09.06.2021	09.06.2026	AZERBAIJAN
Ship Security Officer				AZERBAIJAN
-personal survival techniques –fire prevention avdfire fighting –elementary first aid –personal safety and social responsibilities				AZERBAIJAN
Basik training and qualifications on oil and cemical tanker cargo operations (STCW Code A-V/1-1 Pa.1)	SO-1141-21	16.06.2021	16.06.2026	AZERBAIJAN

8. Physical Data	
Height	171 cm
Weight	55kg
Colour of Hair	
Colour of Eyes	Brown
Boilersuit Size	
Shoes Size	

9. Medical History	Yes	No
Have you ever signed off a ship due to medical reasons?		No
Did you undergo any medical operation in the past?		No
Have you consulted a doctor during the last 12 months for an illness/accident?		No
Do you have any health or disability problems now?		No

If yes, please give full details:

	Passed:	Valid till:
International Medical Examination	24.05.2021	24.05.2023
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

10. References (please give name and address of your current or past employer)	Office remarks
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Name of Company		
Name of person to contact		
Address		
Phone		
Name of Company		
Name of person to contact		
Address		
Phone		

11. Bank address for allotments	
Beneficiary	
Account No.	
Name of Bank	
Bank Address	

12. Knowledge and experience	Yes	No
OCIMF vetting experience:		
ISGOT knowledge:	+	

13. I hereby declare that the above, including Medical History, is true		
Place:	Date	Signature:
Uniklinika Medical Center	24.05.2021	

14. For Office use only

## 15. Seagoing Experience

[illegible]

**Total rank sea service:**

[illegible]

**Total type of vessel sea service:**

[illegible]

