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APPLICATION FORM

| 1 | Position | identity card PIN Number 50AY2V3 |
|---|-----------------------|---|
| | Position Applied for: | Rating forming part of an engine-room watch |
| | Date Available from: | 01.02.2024 |

| First Name: NOVRUZ | Last Name: HUSEYNOV |
|-----------------------------------|--|
| Date of Birth: 04.07.1990 | Place of Birth (City and Country): Azerbaijan, KHACHMAZ04.2022 |
| Email:schumacher10vo393@gmail.com | Mobile Number: (+994) 55 811 59 55 |
| Permanent Adress: Khudat city, S. | Expected Salary Per Month: |
| Asgarova street, Home 2 | 2000\$ |
| Nationality: Azerbaijan | Alternative rank applying for: |
| | Rating forming part of an |
| | engine- room watch |

Family Details: (If Unmarried kindly give details of Father / Mother) Gender Relation First Name Contact **Last Name** Anar Huseyinov Male Brother 055 608 45 27 Samira Huseyinova Female Mother 055 667 12 51

 Name of school
 Country
 From
 To
 Type of degree or diploma

 Caspian Education Center
 Azerbaijan
 04.2022
 10.2022
 Course

Height

Height

175

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

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

| DOCUMENT | COUNTRY | NUMBER | | DATE OF ISSUE | PLACE | OF ISSUE | DATE OF EXPIRY |
|--------------------------------|--------------------|-----------|--------|---------------|------------|----------|-------------------|
| Seaman Book | Azerbaijan | DQK | 021061 | 23.08.2022 | Azerbaijan | | 23.08.2027 |
| Certificate of Competency | Azerbaijan | RP | 12006 | 01.11.2022 | Azerbaijan | | - |
| Republic of Azerbaijan | Azerbaijan | C03 | 892147 | 20.07.2022 | Aze | erbaijan | 19.07.2032 |
| Do you hold a US Vis | sa 'C1/D'? | YES/NO | NO | Issue Date: | - | Expiry | Date: - |
| Do you hold a US Visa 'B1/B2'? | | YES/NO NO | | Issue Date: | - | Expiry | Date:- |
| Have you been reject | YES/NO | NO | | | | | |
| If YES, please state t | he country and rea | sons | | - | | | |

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 | 01.11.2022 |
| 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-3246-22 | UAG | 19.07.2022 | 18.07.2027 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-3246-22 | UAG | 19.07.2022 | 18.07.2027 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-3246-22 | UAG | 19.07.2022 | 18.07.2027 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-3246-22 | UAG | 19.07.2022 | 18.07.2027 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-3246-22 | UAG | 19.07.2022 | 18.07.2027 |
| International Safety Management | Azerbaijan | SP-2196-22 | UAG | 25.07.2022 | 25.07.2027 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-2041-22 | UAG | 22.07.2022 | 22.07.2027 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-1671-22 | UAG | 08.07.2022 | 08.07.2027 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-1427-22 | UAG | 27.07.2022 | 27.07.2027 |

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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 |
|---------|----------------|------|------------------|------|-------------|-------|--|------|---------------|-------------|--------------|----------------------|
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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

| Generators | - | | | | | |
|---|---|---|--|----------|--|----------|
| Purifiers and Boilers | - | | | | | |
| Type of Cranes / No of Reefer Containers | - | | | | | |
| | | | | | | |
| Other Experience | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| Travel Documents | | | | | | |
| Name | | YES/NO | Country | | Date p | f Expire |
| Schengen | | YES/NO | NO | | | - |
| US | | YES/NO | NO | | | - |
| China | | YES/NO | NO NO | | | - |
| Australia | | YES/NO | INO | | | |
| Insurance,Health Related | Documentation | | | | | |
| Medical Certificate (Fit for I | Outy) | | | | YES/NO | , |
| | | Vaccin | ation | | <u> </u> | |
| Yellow Fever | | | | | 1 | |
| | | | | | YES/NO | , |
| COVID-19 | e above, please giv | e full details and a | ttach a separate page i | f necess | YES/NO | , |
| COVID-19 | e above, please giv | e full details and at | itach a separate page i | f necess | YES/NO | |
| COVID-19 e answer is YES to any of the | e above, please giv | e full details and a | itach a separate page i | f necess | YES/NO | |
| COVID-19 e answer is YES to any of the | | | itach a separate page i | f necess | YES/NO ary) | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a | ship due to medica | I reasons? | itach a separate page i | f necess | YES/NO ary) 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 medica | I reasons? | | f necess | YES/NO ary) YES/NO YES/NO | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a | ship due to medica peration in the past or during the last 12 | I reasons? ? ! months for an illne | | f necess | YES/NO ary) YES/NO | |
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| 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 Do you have any health or | ship due to medica peration in the past or during the last 12 disability problems ns regularly? | Il reasons? ? ! months for an illno | ess/accident? | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | |
| e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any o Have you consulted a doct Do you have any health or Do you take any medication | ship due to medica peration in the past or during the last 12 disability problems ns regularly? | Il reasons? ? ! months for an illno | ess/accident? | | YES/NO 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 o Have you consulted a docte Do you have any health or Do you take any medication | ship due to medica peration in the past or during the last 12 disability problems ns regularly? | Il reasons? ? ! months for an illno | ess/accident? | | YES/NO YES/NO YES/NO YES/NO YES/NO 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 Do you take any medication (If the answer is YES to General | ship due to medical peration in the past or during the last 12 disability problems in regularly? any of the above, ploject of a court of er | I reasons? ? ! months for an illnonow? lease give full deta | ess/accident? ils and attach a separa | ite page | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | IO I |
| e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any o Have you consulted a doct Do you have any health or Do you take any medication (If the answer is YES to | ship due to medical peration in the past or during the last 12 disability problems in regularly? any of the above, ploject of a court of er | I reasons? ? ! months for an illnonow? lease give full deta | ess/accident? ils and attach a separa | ite page | YES/NO Ary) YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | IO I |
| Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or Do you take any medication (If the answer is YES to General | ship due to medical peration in the past or during the last 12 disability problems in regularly? any of the above, place of a court of ensional license suspensions. | I reasons? ? months for an illnonow? lease give full deta | ess/accident? ils and attach a separa n a maritime accident? | ite page | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | IO I |
| Medical history Have you ever signed off a Have you consulted a docte Do you have any health or Do you take any medication (If the answer is YES to General Have you ever been the sub Have you ever had a profes | ship due to medical peration in the past or during the last 12 disability problems in regularly? any of the above, place of a court of ensional license suspensions. | I reasons? ? months for an illnonow? lease give full deta | ess/accident? ils and attach a separa n a maritime accident? | ite page | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | IO I |

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Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

| 16 | References (Please give the na | ame and address of your current or immediate pa | ast employer) |
|----|--------------------------------|---|---------------|
| | Name of company | 1 | 2 |

| 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.

Signature

| Date: | 22.01.2024 |
|-------|------------|

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