

APPLICATION FORM

				idei	ntity card PIN Nu		10340
Position Applied f					Able Seafarer	Deck	
Date Available fro	m:				-		
Personal Information	on			Ger	nder: Male		
First Name: GOD	ERDZI		Last Nar	ne: DAVITA	ADZE		
Date of Birth: 14.0	6.1990				Country): Georgia		VI
Email: Malvina_bed			Mobile N	Number: (+99	5) 55 805 05 59		
Permanent Adress: GEOREGIA/BENZE ,TAMARIS DASAKHLEBA,TSOTNE DADIANIS 9A.22		Expected 1400\$	Salary Per N	Month:			
Nationality: Georgian			Alternati	ve rank apply	ying for: -		
Person to call in er	mergenc	cy: (+995) 555376	571 Wife				
Family Datailes (If		ما المالية عالم	alla of Fath	/ B4 - 4 \			
Family Details: (If		1		Gender	Rela	tion.	
First Name Malvina	:	Last Na		Female	Keia Wi		+995 55 537
Iviaivina		Deulilau	<u> </u>	remale	VVI		+995 55 557
	•						Type of deg
Maritime Education							
Name of school		Coun	try		From	To	
		Coun	try		From -	To -	diplom
		Coun -	try		From -	To -	
Name of school		Coun -	try		From -	To -	
		Coun	try		From -	To -	
Name of school		Coun	try		From -	To - 176	
Name of school - Physical Data		Coun	try		From -	-	
Name of school - Physical Data Height		Coun	try		From -	176	
Name of school - Physical Data Height Weight		Coun	try		From	176 75	
Name of school - Physical Data Height Weight Boilersuit Size		Coun	try		From -	176 75 L	

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DOCUMENT

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

DATE OF ISSUE

Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

DATE OF

EXPIRY

NUMBER

COUNTRY

PLACE OF ISSUE

Seaman Book	Georgia	S0°	10790	09.01.2024	Georg	gia	08.01.2034
Certificate of Competency	Georgia	GEC	010643	09.01.2024	Georg	gia	08.01.2029
Republic of Georgia	Georgia	20AC21993		03.12.2021	Georgia		03.12.2031
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	Issue Date: - Expi		Date: -
Do you hold a US Vis	YES/NO NO		Issue Date:	-	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)	Georgia	Georgia City	08.01.2029
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	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026
FIRE PREVENTION & FIRE FIGHTING	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026
ELEMENTARY FIRST AID	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026
SAFETY FAMILIARIZATION TRAINING	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026
International Safety Management	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026
Proficiency in Survival Craft & Rescue Boats	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026
Security Awareness Training For All Seafarers	Georgia	SEC03-105036	MTA	26.02.2019	12.02.2024
Security Training For Seafarers With Designated Security Duties	Georgia	SEC03-105036	MTA	26.02.2019	12.02.2024
Fast Rescue Boats	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026
HAZMAT(Dangerous cargoes)	Georgia	CHD02-142173	MTA	23.06.2021	21.05.2026
Advanced Training in Fire Fighting	Georgia		MTA		
Basic training and qualifications on oil and chemical tanker cargo operations;	Georgia	OCG02-167379	MTA	08.08.2022	07.08.2027
Advanced training for oil tanker cargo operations (Crude oil washing system)	Georgia	OCG02-167379	MTA	08.08.2022	07.08.2027
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Georgia	OCG02-167379	MTA	08.08.2022	07.08.2027
Medical First Aid	Georgia	BST02-142171	MTA	23.06.2021	08.06.2026

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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
-	M/V EREN	TURKEY	General Cargo	1063 2	-	6337	-	A/B	20.07.201	28.01.201 1	6 month	End of Contract
-	M/V ORHAN	PANAMA	Bulk Currier	3446 7		21525	-	A/B	22.03.201	20.01.201	2 month	End of Contract
-	M/V CEM PIONEER	ST VINCENT GRENAD INES	General Cargo	8750		5934	-	A/B	20.03.201	20.08.201	5 month	End of Contract
-	M/V DOGAN BEY	TURKEY	Bulk Currier	1226 0		7265	-	A/B	22.10.201	14.07.201	9 month	End of Contract
-	M/V DOGAN BEY	TURKEY	Bulk Currier	1226 0		7265		A/B	17.01.201 4	20.11.201	10 month	End of Contract
-	M/V DOGAN BEY	TURKEY	Bulk Currier	1226 0		7265		A/B	06.04.201 6	28.12.201 6	6 month	End of Contract
-	M/V SIGMA	TURKEY	General Cargo	1013 1	-	6337	-	A/B	12.07.202 1	18.10.202 1	3 month	End of Contract
-	M/V BARLA	PANAMA	General Cargo	6105	-	4243	-	A/B	21.08.202 2	25.07.202 1	-	End of Contract
-	M/V HAZAR	BARBAD OS	General Cargo	6616	-	4425	-	A/B	17.02.202	24.06.202	4 month	End of Contract
FINBAR NAVIGATIO N CORP	M/V ORION	CAMERO N	Oil Tanker	1257 72			<u>-</u> (-)	A/B	19.08.202 2	25.09.202 2	1 month	End of Contract

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Generators					
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Date pf	Expire
Schengen		YES/NO	NO NO	-	
US China		YES/NO YES/NO	NO	-	
Australia		YES/NO	NO	-	
Insurance,Health Related	Documentation				
Medical Certificate (Fit for D				YES/NO	`
Thousan Commonto (Fix 101 2		Vaccin	ation	120/110	
Yellow Fever				YES/NO	,
COVID-19				YES/NO	,
Medical history					
Medical history Have you ever signed off a	ship due to medical	reasons?		YES/NO	
Have you ever signed off a s	peration in the past	?		YES/NO	
Have you ever signed off a self-ave you undergone any op Have you consulted a doctor	peration in the past' r during the last 12	? months for an illne	ess/accident?	YES/NO YES/NO	
Have you ever signed off a self-ave you undergone any op Have you consulted a doctor Do you have any health or consulted a doctor by you have a	peration in the past' r during the last 12 lisability problems r	? months for an illne	ess/accident?	YES/NO YES/NO YES/NO	
Have you ever signed off a second Have you undergone any op Have you consulted a doctor Do you have any health or composition Do you take any medication	peration in the past' r during the last 12 disability problems r s regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a self-ave you undergone any op Have you consulted a doctor Do you have any health or consulted a doctor by you have a	peration in the past' r during the last 12 disability problems r s regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a second that the you undergone any operative you consulted a doctor to you have any health or on you take any medication (If the answer is YES to a	peration in the past' r during the last 12 disability problems r s regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a second of the sec	peration in the past'r during the last 12 Iisability problems r s regularly? Iny of the above, pl	? months for an illne now? ease give full deta	ils and attach a separat	YES/NO YES/NO YES/NO YES/NO re page if necessary)	
Have you ever signed off a second of the sec	peration in the past'r during the last 12 lisability problems rs regularly? In of the above, place in the past'r	months for an illne now? ease give full deta	ils and attach a separat	YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a second Have you undergone any operation Have you consulted a doctor Do you have any health or composition Do you take any medication	peration in the past'r during the last 12 lisability problems rs regularly? In yof the above, place of a court of ensional license suspensional sus	months for an illne now? ease give full deta quiry or involved in ended or revoked?	ils and attach a separat	YES/NO YES/NO YES/NO YES/NO te page if necessary) YES/NO	
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Have you ever signed off a second process of the sub-consulted and professional transfer of the sub-consulted and profe	peration in the past'r during the last 12 lisability problems rs regularly? In yof the above, place of a court of ensional license suspensional sus	months for an illne now? ease give full deta quiry or involved in ended or revoked?	ils and attach a separat	YES/NO YES/NO YES/NO YES/NO te page if necessary) YES/NO	

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Name of company	1.		۷.
Name of person to contact			
Address			
To.			
Declaration			
l have read it, I am familiar wit	h it, I confirm with my signa	ature.	
		Date:	
		Bate.	

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

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