



UNITED ALLIANCE GROUP LTD
AZERBAIJAN BRANCH



APPLICATION FORM

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Position identity card PIN Number 58267028626

Position Applied for: Motorman
Date Available from: 30.01.2024

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Personal Information Gender: Male

First Name: MEHMET **Last Name:** YURTTAPAN
Date of Birth: 01.01.1978 **Place of Birth (City and Country):** Turkey, SELIM
Email: mehmetyurttapan78@gmail.com **Mobile Number:** (+90) 532 781 76 09
Permanent Address: Cumhuriyet neighborhood, Chicek street, No 22 **Expected Salary Per Month:** 1200\$
Nationality: Turkish **Alternative rank applying for:** Oiler
Person to call in emergency: (+90)536 583 38 36 Brother

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

First Name	Last Name	Gender	Relation	Contact
Murat	Yurttapan	Male	Brother	0536 583 38 36

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Maritime Education

Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

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Physical Data

Height 180
Weight 90
Boilersuit Size XXL
Shoes Size 44
Blood group RH+

Additional Physical Information: {You can write any other information you want to add about your physique in this field.}

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Seaman's Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Turkey	S 00392939	12.04.2023	Turkey	12.04.2028

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

Certificate of Competency	Turkey	69F909DA	12.04.2023	Turkey	07.04.2028
Republic of Turkey	Turkey	U29675382	27.12.2022	Turkey	27.12.2032
Do you hold a US Visa '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 rejected for any visa applied for?	YES/NO	NO			
If YES, please state the country and reasons	-				

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Turkey	Turkey City	07.04.2028
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
Designated Security Duties Certificate	Turkey	664CBA19	TR	12.04.2023	12.04.2028
Security Awareness Certificate	Turkey	5BCD291C	TR	12.04.2023	12.04.2028
Personal Survival Techniques Training Certificate	Turkey	3C4960DB	TR	12.04.2023	10.04.2028
Security-Related Familiarization Certificate	Turkey	64402D75	TR	12.04.2023	12.04.2028
Personal Safety And Social Responsibility Training Certificate	Turkey	5ABEE244	TR	12.04.2023	10.04.2028
Elementary First Aid Training Certificate	Turkey	5132A97E	TR	12.04.2023	10.04.2028
Fire Prevention And Fire Fighting Training Certificate	Turkey	5A3779C9	TR	12.04.2023	10.04.2028
Training And Qualifications of Personnel on Passenger Ships Certificate	Turkey	58D5227F	TR	31.08.2023	29.08.2028

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

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Other Experience

Oiler

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Travel Documents

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

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Insurance,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	YES

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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Medical history

Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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General

Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

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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.	-	-

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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.

Date: 30.01.2024

Signature

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