



## **APPLICATION FORM**

1	Position	identity card PIN Number 6HBSUCC				
	Position Applied for:	Rating forming part of an engine-room watch				
	Date Available from:	-				

First Name: KHAYAL	Last Name: RZAYEV
Date of Birth: 21.12.1998	Place of Birth (City and Country): Azerbaijan, BAKU
Email: Xeyal.rzayev.1998@gmail.com	Mobile Number: (+994) 50 255 88 16
Permanent Adress: Baku city, Nizami	Expected Salary Per Month:
district, Aliaga Kurchayli 5a/49	1000\$
Nationality: Azerbaijan	Alternative rank applying for: -

Family Details: (If Unmarr	Family Details: (If Unmarried kindly give details of Father / Mother)							
First Name	Last Name	Gender	Relation	Contact				
Yusif	Rzayev	Male	Brother	+994552768254				

4	Maritime Education								
	Name of school	Country	From	То	Type of degree or diploma				
	Caspian Education Center mmc	Azerbaijan	07.2023	12.2023	Course				

Physical Data	
Height	188
Weight	120
Boilersuit Size	XXXXL
Shoes Size	44
Blood group	O(I)RH+

6	Seaman's Book & Id	lentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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

Seaman Book	Azerbaijan	DQK	026526	24.01.2024	Azerbai	jan	24.01.2029
Certificate of Competency	Azerbaijan	RP14287		16.01.2024	Azerbai	jan	-
Republic of Azerbaijan	Azerbaijan	C02	731325	19.12.2019	Azerbai	jan	18.12.2029
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?		NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa	YES/NO NO		Issue Date:	- Expiry		Date:-	
Have you been rejecte	YES/NO	NO	•				
If YES, please state th	-						

7 Professional Test

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

8 Licences

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

**STCW Certificates & Trainings** Date Of **Training Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** 03.11.2028 PERSONAL SURVIVAL TECHNICS Azerbaijan SO-5214-23 UAG 07.11.2023 FIRE PREVENTION & FIRE FIGHTING UAG 07.11.2023 03.11.2028 SO-5214-23 Azerbaijan **ELEMENTARY FIRST AID** Azerbaijan SO-5214-23 UAG 07.11.2023 03.11.2028 ŪAG 03.11.2028 Azerbaijan SO-5214-23 07.11.2023 PERSONAL SAFETY & SOCIAL RESPONSIBILITY SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-5214-23 UAG 07.11.2023 03.11.2028 **International Safety Management** SP-3483-23 UAG 30.10.2023 26.10.2028 Azerbaijan Proficiency in Survival Craft & Rescue SL-3879-23 **UAG** 20.10.2023 19.10.2028 Azerbaijan **Boats** Security Awareness Training For All SI-3388-23 UAG 27.10.2023 27.10.2028 Azerbaijan Seafarers

Azerbaijan

SH-2822-23

UAG

24.10.2023

24.10.2028

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Security Training For Seafarers With

Designated Security Duties

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Address: AZI075, 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
-	-	-	-	-	-	-	-	-	-	-	-	-
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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

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

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		-
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance,Health Related I	Documentation				
Medical Certificate (Fit for D				YES/NO	,
·		Vaccin	ation	120/140	
Yellow Fever				YES/NO	
COVID-19				YES/NO	,
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if r		
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if r		
	above, please giv	e full details and at	ttach a separate page if r		
Medical history			ttach a separate page if r	necessary)	
Medical history Have you ever signed off a s	ship due to medica	ıl reasons?	ttach a separate page if r	necessary)  YES/NO	
Medical history  Have you ever signed off a s  Have you undergone any op	ship due to medica	ıl reasons?		YES/NO YES/NO	
Medical history  Have you ever signed off a s	ship due to medica eration in the past r during the last 12	al reasons? :? 2 months for an illne		necessary)  YES/NO	
Medical history  Have you ever signed off a s Have you undergone any op Have you consulted a docto	ship due to medica eration in the past r during the last 12 isability problems	al reasons? :? 2 months for an illne		YES/NO YES/NO YES/NO	
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Medical history  Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subj	ship due to medical eration in the past of during the last 12 isability problems is regularly? In of the above, p	al reasons? ?? ? months for an illne now? lease give full deta	ess/accident?  ills and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history  Have you ever signed off a see that the your undergone any open have you consulted a doctor to you have any health or do you take any medications (If the answer is YES to a	ship due to medical eration in the past of during the last 12 isability problems is regularly? In a specific problems of the above, posterior problems ect of a court of erional license susp	Il reasons? ?? ? months for an illne now?  lease give full deta  nquiry or involved in ended or revoked?	ess/accident?  ills and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history  Have you ever signed off a self-ave you undergone any open Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject of t	ship due to medical eration in the past of during the last 12 isability problems is regularly? In a specific problems of the above, posterior problems ect of a court of erional license susp	Il reasons? ?? ? months for an illne now?  lease give full deta  nquiry or involved in ended or revoked?	ess/accident?  ills and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)

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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

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