



APPLICATION FORM

1	Position	identity card PIN Number 6A54SSX
	Position Applied for:	Rating forming part of an engine-room watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: SHAHIN	Last Name: SAFAROV
Date of Birth: 03.12.1998	Place of Birth (City and Country): Azerbaijan, BAKU
Email: sako.seferov@gmail.com	Mobile Number: (+994) 55 855 50 54
Permanent Adress: Surakhani district,	Expected Salary Per
Qarachukur village	Month:1500\$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 55 79	77 70 Father

3	Family Details: (If Unmarrie	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Soltan	Safarov	Male	Father	0557977770

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	IST Services	Azerbaijan	04.2023	10.2023	Course

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Seaman's Book & I	dentify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 026434	16.01.2024	Azerbaijan	16.01.2029

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

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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

Certificate of Competency	Azerbaijan	RP	14238	08.01.2024	Azerbai	jan	-
Republic of Azerbaijan	Azerbaijan	C02	135718	22.08.2018	Azerbai	jan	21.08.2028
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been reject	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state the	he country and reas	sons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 Licences

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

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-3392-23	UAG	13.07.2023	05.06.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3392-23	UAG	13.07.2023	05.06.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3392-23	UAG	13.07.2023	05.06.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3392-23	UAG	13.07.2023	05.06.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3392-23	UAG	13.07.2023	05.06.2028
International Safety Management	Azerbaijan	SP-2189-23	UAG	13.07.2023	08.06.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2558-23	UAG	20.07.2023	12.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2213-23	UAG	13.07.2023	06.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2057-23	UAG	14.06.2023	14.06.2028

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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

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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Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Da	ite pf Exp
Schengen		YES/NO	NO		- -
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance,Health Related	Documentation				
Medical Certificate (Fit for D				YES/N	0
·	77	Vaccin	ation	: LO/N	<u> </u>
Yellow Fever				YES/N	0
COVID-19				YES/N	0
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if ı		<u> </u>
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if ı		
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16	References	(Please give the name and address of	your current or immediate	past employer)	
		4		^	

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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