



# **APPLICATION FORM**

1	Position	identity card PIN Number 6ZT00A8
	Position Applied for:	Rating forming part of an Engine-Room Watch
	Date Available from:	-

et Name: SADIGOV the of Birth (City and Country): Azerbaijan, ZARDAB
1.11. N1 (+004) 55 202 99 07
bile Number: (+994) 55 302 88 97
pected Salary Per Month:
00\$
ernative rank applying for: -
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3	Family Details: (If Unmarri	ed kindly give details of Fa	ther / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Nuran	Karimli	Male	Brother-in -law	+994519979093

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2018	2022	Bachelor

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85
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43
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6	Seaman's Book &	ldentify 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

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

Seaman Book	Azerbaijan	DQK	017695	09.06.2021	Aze	rbaijan	09.06.2026
Certificate of Competency	Azerbaijan	RP1	107719	09.12.2021	Aze	rbaijan	-
Republic of Azerbaijan	Azerbaijan	C031	180135	28.01.2020	Aze	rbaijan	27.01.2030
Do you hold a US Visa	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been rejecte	ed for any visa app	olied for?		YES/NO	NO	•	
If YES, please state th	ne country and rea	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-0959-21	UAG	25.05.2021	05.04.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0959-21	UAG	25.05.2021	05.04.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0959-21	UAG	25.05.2021	05.04.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0959-21	UAG	25.05.2021	05.04.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0959-21	UAG	25.05.2021	05.04.2026
International Safety Management	Azerbaijan	SP-0694-21	UAG	16.05.2021	07.04.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4193-23	UAG	30.11.2023	30.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-039021	UAG	08.05.2021	09.04.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan		UAG		
Ship Security Officer	Azerbaijan		UAG		
Leadership & Teamwork	Azerbaijan		UAG		
Advanced Training in Fire Fighting	Azerbaijan		UAG		
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan		UAG		
Crowd management training	Azerbaijan	SC-0252-23	UAG	01.12.2023	01.12.2028

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### **Seagoing Experience**

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

COMP	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
ASCO	A.TOPCHUBASHOV	Azerbaija	-	-	-	-	-	Probationer	26.07.2021	07.08.2021	1 month	End of Contract
ASCO	MERCURI-1	Azerbaija	-	-	-	-	-	Probationer	08.07.2021	01.09.2021	2 month	End of Contract
ASCO	B.G.GARAYEV	Azerbaija n	Supply Ship	160	609	816		Probationer	31.01.2022	24.05.2022	4 month	End of Contract
ASCO	F.AMIROV	Azerbaija n	Passenge r	4673		6894		Motorman	13.12.2023	19.03.2024	3 month	Working
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Generators	-					
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country		Date p	of Expir
Schengen		YES/NO	NO			-
US		YES/NO	NO			-
China		YES/NO	NO NO			-
Australia		YES/NO	NU			-
Insurance,Health Related	Documentation					
Medical Certificate (Fit for I	Outv)				YES/NO	
<u> </u>	- 4.57				120/110	
`		Vaccin	ation			
Yellow Fever		Vaccin	ation		YES/NO	
`				if necess	YES/NO YES/NO	
Yellow Fever COVID-19				if necess	YES/NO YES/NO	
Yellow Fever COVID-19				if necess	YES/NO YES/NO	
Yellow Fever COVID-19 e answer is YES to any of the	e above, please give	e full details and a		if necess	YES/NO YES/NO	
Yellow Fever COVID-19 e answer is YES to any of the  Medical history  Have you ever signed off a Have you undergone any of	e above, please give	e full details and at	ttach a separate page	if necess	YES/NO YES/NO aary)	
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Yellow Fever 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 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, place of a court of eresional license suspensional license suspensions.	e full details and at a leasons? ?? ? months for an illne now? lease give full details and at a leasons? enduiry or involved it ended or revoked?	ess/accident?  iils and attach a separate page	ate page	YES/NO	IO
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16	References (Please give the name and address of your current or immediate past employer)		
	Name of company	14	

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:	05.02.2024

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