



APPLICATION FORM

1	Position	identity card PIN Number 15Z2U57
	Position Applied for:	Able Seafarer Engine
	Date Available from:	-

irst Name: AFLAN	Last Name: ABASOV
ate of Birth: 28.03.1964	Place of Birth (City and Country): Azerbaijan, PORT-ILICH
nail: abasov6472@gmail.com	Mobile Number: (+994) 55 307 45 01
ermanent Address: Baku city, Nasimi	Expected Salary Per Month:
strict, Nefthcilar pr, Home 145	1500\$
ationality: Azerbaijan	Alternative rank applying for:
	Able Seafarer Deck

Family Details: (If Unmarri	ed kindly give details of Fa	ather / Mother)		
First Name	Last Name	Gender	Relation	Contact
Nazakat	Abasova	Female	Wife	055 920 81 71

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Baku Maritime School	Azerbaijan	1981	1982	Labor College

169
82
XL
42
O(I)RH+

	Additional Physical	Information:{You	can write any other informa	ation you want to add	l about your physique i	n this field.}
6	Seaman's Book & Id	lentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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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

Seaman Book	Azerbaijan	DQK	016337	04.09.2020	Aze	rbaijan	04.09.2025
Certificate of Competency	Azerbaijan	RP	05337	30.06.2022	Aze	rbaijan	-
Certificate of Competency	Azerbaijan	Aze	rbaijan	24.06.2021	Aze	rbaijan	-
Republic of Azerbaijan	Azerbaijan	C020	077531	07.07.2018	Aze	rbaijan	06.07.2028
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 License

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
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	Azerbaijan	SO-0902-20	UAG	17.08.2020	10.08.2025
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0902-20	UAG	17.08.2020	10.08.2025
ELEMENTARY FIRST AID	Azerbaijan	SO-0902-20	UAG	17.08.2020	10.08.2025
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0902-20	UAG	17.08.2020	10.08.2025
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0902-20	UAG	17.08.2020	10.08.2025
International Safety Management	Azerbaijan	SP-1022-23	UAG	29.03.2023	10.03.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1122-23	UAG	30.03.2023	16.03.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0942-23	UAG	04.04.2023	06.03.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0433-20	UAG	04.09.2020	28.08.2025
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0399-19	UAG	02.08.2019	02.08.2024

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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
GLORIS SHIPPING	Himmel	Panama	Dry Cargo	-	Man	2061	-	Motorman	07.11.2020	06.05.2021	7 month	End of Contract
PALMALI	Lilac Monrovia	Liberia	Tanker	-	Wartsila	4684		Motorman	21.08.2021	17.04.2022	8 month	End of Contract
PALMALI	Magnolia	Liberia	Tanker	-	Wartsila	4684	-	Oiler	17.07.2022	25.02.2023	5 month	End of Contract
PALMALI	Panjali Teymurov	Liberia	Tanker	(4)	Wartsila	4684	-	Motorman	17.07.2022	25.02.2023	5 month	End of Contract
PALMALI	Khudayar Yusifzada	Liberia	Tanker	7114	Wartsila	7800	-	Motorman	06.11.2023	08.12.2023	1 month	Own will
									1			
									/			
						45/4/						

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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

Generators	-				
Purifiers and Boilers					
Type of Cranes / No of Reefer Containers	-				
Other Experience					
Able Seafarer Deck					
Travel Documents					
Name		YES/NO	Country	Date pf E	xpire
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 I				YES/NO	YE
Valle Feet		Vaccin	ation		
Yellow Fever COVID-19				YES/NO YES/NO	NO YE
Medical history				_	
Medical history Have you ever signed off a	ship due to medica	al reasons?		YES/NO	N
Have you ever signed off a	peration in the pas	t?		YES/NO YES/NO	N(
Have you ever signed off a Have you undergone any of Have you consulted a doct	pperation in the pas or during the last 12	t? 2 months for an illne	ess/accident?		
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or	peration in the pas or during the last 12 disability problems	t? 2 months for an illne	ess/accident?	YES/NO YES/NO YES/NO	N N
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or Do you take any medication	operation in the pass or during the last 12 disability problems ns regularly?	t? 2 months for an illne now?		YES/NO YES/NO YES/NO YES/NO	N N
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or	operation in the pass or during the last 12 disability problems ns regularly?	t? 2 months for an illne now?		YES/NO YES/NO YES/NO YES/NO	N N
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or Do you take any medication	operation in the pass or during the last 12 disability problems ns regularly?	t? 2 months for an illne now?		YES/NO YES/NO YES/NO YES/NO	N N
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or Do you take any medicatio (If the answer is YES to General Have you ever been the sul	operation in the passor during the last 12 disability problems ns regularly? any of the above, publect of a court of elements.	t? 2 months for an illne now? blease give full deta	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO Page if necessary)	N
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 medicatio (If the answer is YES to	operation in the passor during the last 12 disability problems ns regularly? any of the above, publect of a court of elements.	t? 2 months for an illne now? blease give full deta	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO Page if necessary)	N N N
Have you ever signed off a Have you undergone any of Have you consulted a doct Do you have any health or Do you take any medicatio (If the answer is YES to General Have you ever been the sul	operation in the passor during the last 12 disability problems ns regularly? any of the above, publication of the above points of a court of electional license susp	t? 2 months for an illne now? blease give full deta nquiry or involved in bended or revoked?	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO Page if necessary)	N N N

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

Name of company	1.Palmali	2
Name of person to contact	Mahmud Imansoy	-
Address	-	-
■ No.	+90 534 967 57 74	-

17 Declaration

I hereby declare that the above particulars are true and authorize you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.

Ar. Amis -

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13.02.2024

Date: