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APPLICATION FORM

1	Position	identity card PIN Number 6A770VL
	Position Applied for:	Rating forming part of an Engine-Room Watch
	Date Available from:	-

First Name: CABIR	Last Name: FARHADOV
Date of Birth: 08.09.1998	Place of Birth (City and Country): Azerbaijan, ASTARA
Email: cabir19981998@gmail.com	Mobile Number: (+994) 50 781 81 08
Permanent Address: Astara district,	Expected Salary Per Month:
Tangarud village, Azerbaijan	1000\$
Nationality: Azerbaijanian	Alternative rank applying for: -

3	Family Details: (If Unmarri	ed kindly give details of Fa	ther / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Cahid	Farhadov	Male	Brother	+994 50 735 13 22

Name of school	Country	From	To	Type of degree of diploma
IST Services	Azerbaijan	01.2023	07.2023	Course

Physical Data	
Height	171
Weight	56
Boilersuit Size	M
Shoes Size	42
Blood group	AB(IV)RH+

6	Seaman's Book & Id	lentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
	Seaman Book	Azerbaijan	DQK 024912	06.09.2023	Azerbaijan	06.09.2028

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

Certificate of Competency	Azerbaijan	RP	13405	25.08.2023	Aze	erbaijan	-
Republic of Azerbaijan	Azerbaijan		-	-	Aze	erbaijan	-
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 ap	plied for?		YES/NO	NO		
If YES, please state t	he country and rea	asons		-			

7 Professional Test

Troicescional rest		
Professional Test Date	Name of Test	Score
-	-	-

8 License

Name	Issuing Country	Certificate Number	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-1098-23	UAG	06.03.2023	27.02.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1098-23	UAG	06.03.2023	27.02.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1098-23	UAG	06.03.2023	27.02.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1098-23	UAG	06.03.2023	27.02.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1098-23	UAG	06.03.2023	27.02.2028
International Safety Management	Azerbaijan	SP-0708-23	UAG	02.03.2023	02.03.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0957-23	UAG	13.03.2023	06.03.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0660-23	UAG	28.02.2023	28.02.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0668-23	UAG	15.03.2023	07.03.2028

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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

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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Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply** Technical Services

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Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents		VECALO	Countries	B . :	mf F'-
Name Schengen		YES/NO YES/NO	Country NO	Date	pf Expire
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for D				YES/NO	
modical Continuate (1 it 101 D	u.,,	Vaccin	ation	TES/NO	
Yellow Fever				YES/NO	
COVID-19				YES/NO	,
answer is YES to any of the	above, please giv	e full details and at	tach a separate page if r	necessary)	
answer is YES to any of the	above, please give	e full details and at	itach a separate page if r	necessary)	
	above, please giv	e full details and at	tach a separate page if r	necessary)	
Medical history			ttach a separate page if r		
Medical history Have you ever signed off a s	ship due to medica	Il reasons?	ttach a separate page if r	YES/NO	
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica	Il reasons?		YES/NO YES/NO	
Medical history Have you ever signed off a see Have you undergone any op Have you consulted a doctory	ship due to medica eration in the past r during the last 12	Il reasons? ? ? months for an illne		YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica eration in the past r during the last 12 isability problems	Il reasons? ? ? months for an illne		YES/NO YES/NO	
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Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do you take any medications.	ship due to medica eration in the past r during the last 12 isability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	
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	ship due to medica eration in the past r during the last 12 isability problems is regularly? ny of the above, p	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
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 teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of the above of the above of the ect of a court of er	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	yy)
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	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of the above of the above of the ect of a court of er	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	yy)
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 the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	yy)
Medical history Have you ever signed off a selection of the subject of the subje	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	yy)

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16	References (Please give the name and address of your current or immediate past employer)		
	Name of company	1	2

Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17	Declaration
• • •	200Matter

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.

Date: 26.02.	2.2024	Date:
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Signature

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