



APPLICATION FORM

1	Position	identity card PIN Number 16D186V			
	Position Applied for:	Electro Technical Officer			
	Date Available from:	-			

Personal Information	Gender: Male
First Name: NATIG	Last Name: SAFAROV
Date of Birth: 23.06.1976	Place of Birth (City and Country): Azerbaijan, GUSAR
Email:safarovnatiq64@gmail.com	Mobile Number: (+994) 50 425 99 66
Permanent Address:Khatai district, Genger settl, Home 36,Azerbaijan	Expected Salary Per Month:-
Nationality: Azerbaijanian	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Safarli	Nihat	Male	Son	+994 77 729 81 80			

4	Maritime Education									
	Name of school	Country	From	То	Type of degree or diploma					
	Azerbaijan State Naval Maritime Academy	Azerbaijan	1994	1999	Bachelor					

Physical Data	
Height	180
Weight	115
Boilersuit Size	XXXL
Shoes Size	44
Blood group	AB(IV)RH+

6 Seaman's Book & Identify Docs

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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE (OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 024859		02.09.2023	Azerbaijan		02.09.2028
Certificate of Competency	Azerbaijan	0004371		16.03.2022	Azerbaijan		25.12.2026
Republic of Azerbaijan	Azerbaijan	C03	975991	29.03.2022	Azerbaijan		28.03.2032
Do you hold a US Vis	sa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa 'B1/B2'? YES/NO NO			NO	Issue Date:	-	Expiry	Date:-
Have you been rejected for any visa applied for?				YES/NO	NO		
If YES, please state t	he country and rea	sons		-			

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

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

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Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-4275-22	UAG	16.09.2022	16.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4275-22	UAG	16.09.2022	16.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4275-22	UAG	16.09.2022	16.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4275-22	UAG	16.09.2022	16.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4275-22	UAG	16.09.2022	16.09.2027
International Safety Management	Azerbaijan	SP-3842-22	UAG	27.12.2022	22.12.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3729-22	UAG	21.11.2022	05.11.2027
Updating	Azerbaijan	XS-0280-22	UAG	09.02.2022	25.12.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0135-24	UAG	19.01.2024	19.01.2029
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0299-22	UAG	31.10.2022	31.10.2027
Leadership & Teamwork	Azerbaijan	DL-0984-21	UAG	11.10.2021	30.09.2026
Advanced Training in Fire Fighting	Azerbaijan	SJ-0555-23	UAG	02.05.2023	10.04.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0127-23	UAG	22.02.2023	22.02.2028
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0323-23	UAG	02.11.2023	31.10.2028
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan		UAG		
Medical First Aid	Azerbaijan	SN-1127-22	UAG	08.09.2022	08.09.2027
1000v	Azerbaijan	DM-0067-23	UAG	15.03.2023	15.03.2028
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0683-22	UAG	30.12.2022	30.12.2027
Maintenance of the DP System	Azerbaijan	DPM015/21	ASCO	21.04.2021	21.04.2026

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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 3

Seagoing Experience

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

COMPA NY	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	M/V ISRAFIL HUSEYNOV	Azerbaijan	PLBH	7211		17592	-	ETO	27.11.2020	31.11.2023	-	End of Contract
CMS	M/V ISRAFIL HUSEYNOV	Azerbaijan	PLBH	7211		17592		ETO	01.11.2020	26.11.2020	-	End of Contract
CMS	M/V ISRAFIL HUSEYNOV	Azerbaijan	PLBH	7211	7-14	17592		ETO	28.12.2019	31.10.2019	-	End of Contract
CMS	M/V ISRAFIL HUSEYNOV	Azerbaijan	PLBH	7211	-	17592	-	ETO	23.01.2019	27.12.2019	-	End of Contract
ASCO	M/V AZERBAIJAN	Azerbaijan	Crane Ship	5923		13336		ЕТО	01.12.2018	22.01.2019	-	End of Contract
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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	Jun	- -		
US		YES/NO	NO		-		
China		YES/NO	NO		-		
Australia		YES/NO	NO		-		
Insurance ,Health Related	Documentation						
Medical Certificate (Fit for D				YES/NO			
·	3 /	Vaccin	ation	120/110			
Yellow Fever		· · · · · · · · · · · · · · · · · · ·		YES/NO	,		
COVID-19			COVID-19				
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if I	necessary)	1		
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if ı	necessary)			
	above, please giv	e full details and at	ttach a separate page if I	necessary)			
Medical history			ttach a separate page if I				
Medical history Have you ever signed off a s	ship due to medica	ıl reasons?	ttach a separate page if I	YES/NO			
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica	al reasons?		YES/NO 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	al reasons? :? 2 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	al reasons? :? 2 months for an illne		YES/NO YES/NO			
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a docto Do you have any health or d	ship due to medica eration in the past r during the last 12 isability problems s regularly?	Il reasons? ?? 2 months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO	y)		
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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 YES/NO	y)		
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 YES/NO	y)		
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16	References (Please give the r	name 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 authorize you to contact the referees listed above.

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

Signature

Date:	27.02.2024

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