



APPLICATION FORM

1	Position	identity card PIN Number 1HCR5FY
	Position Applied for:	Officer in charge of a navigational watch
	Date Available from:	-

First Name: BEHJAT	Last Name: HEYBATOV
Date of Birth: 25.09.1985	Place of Birth (City and Country): Azerbaijan, BAKU
Email:heybatovbehcet@gmail.com	Mobile Number: (+994) 55 545 98 49
Permanent Address: Natig Aliyev street,	Expected Salary Per Month:
Khatai district, Baku, Azerbaijan	3500\$-4500\$
Nationality: Azerbaijanian	Alternative rank applying for:
	2 ND OFF

3	Family Details: (If Unmarr	ied kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Sevil	Heybatova	Female	Wife	+994 12 496 75 44

Maritime Education			1	1
Name of school	Country	From	То	Type of degree or diploma
Azerbaijan State Maritime College	Azerbaijan	2003	2009	College

5	Physical Data	
	Height	175
	Weight	107
	Boilersuit Size	XL
	Shoes Size	43
	Blood group	AB(IV)RH+
	Additional Physical Information:{You can write any other information:	tion you want to add about your physique in this field.}

6	Seaman's Book &	Identify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF

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EXPIRY

Seaman Book	Azerbaijan	DQK	023155	04.04.2023	Azer	baijan	04.04.2028
Certificate of Competency	Azerbaijan	000	07412	06.04.2022	Azer	baijan	06.04.2027
Republic of Azerbaijan	Azerbaijan	C01	331975	19.09.2017	Azer	baijan	18.09.2027
Seaman Book Flag State	Panama	PA0	201855	13.06.2022	Par	nama	31.01.2027
Do you hold a US Visa	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 rejecte	ed for any visa app	olied for?		YES/NO	NO		
If YES, please state th	ne 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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STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-1493-23	ASMA	11.04.2023	11.04.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1493-23	ASMA	11.04.2023	11.04.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1493-23	ASMA	11.04.2023	11.04.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1493-23	ASMA	11.04.2023	11.04.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1493-23	ASMA	11.04.2023	11.04.2028
International Safety Management	Azerbaijan	SP-1107-23	ASMA	06.04.2023	06.04.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1199-23	ASMA	06.04.2023	05.04.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1228-23	ASMA	10.05.2023	27.04.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0858-23	ASMA	10.04.2023	10.04.2028
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0003-22	ASMA	13.01.2022	13.01.2027
Leadership & Teamwork	Azerbaijan	SL-0190-22	ASMA	11.02.2022	11.02.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0245-22	ASMA	02.03.2022	02.03.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0352-23	ASMA	04.05.2023	04.05.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0035-22	ASMA	07.02.2022	07.02.2027
Bridge Resource Management	Azerbaijan	SW-0076-22	ASMA	22.02.2022	22.02.2027
Medical First Aid	Azerbaijan	SN-0219-22	ASMA	09.03.2022	09.03.2027
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0038-22	ASMA	31.01.2022	31.01.2027

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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
UNI TRADE LTD	M/V UNI TRADER	Panama	Oil Tanker	6600	-	-	-	2 ND OFF	13.05.2022	13.04 2023	11 month	End of Contract
UNI TRADE LTD	M/V UNI TRADER	Panama	Oil Tanker	6600	69			2 ND OFF	13.05.2023	12.12.2023	7 month	End of Contract
								1107				
						7-1-1						
							7,9)					

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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 p	of Expire
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/NO	
inedical Certificate (Fit for E	outy)	Vaccin	ation		TES/INO	
		racon	idii Oii			
Yellow Fever					YES/NO	
COVID-19 e answer is YES to any of the	e above, please giv	e full details and at	ttach a separate page if	necessa	YES/NO YES/NO ary)	,
COVID-19	e above, please giv	e full details and a	ttach a separate page if	necessa	YES/NO	
COVID-19	above, please giv	e full details and a	ttach a separate page if	necessa	YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a	ship due to medica	I reasons?	ttach a separate page if	necessa	YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of	ship due to medica	I reasons?		necessa	YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	ship due to medica peration in the past or during the last 12	I reasons? ? ! months for an illne		necessa	YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off	ship due to medica peration in the past or during the last 12 disability problems	I reasons? ? ! months for an illne		necessa	YES/NO YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	ship due to medica peration in the past or during the last 12 disability problems as regularly?	Il reasons? ? ! months for an illno	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off Do you take any medication	ship due to medica peration in the past or during the last 12 disability problems as regularly?	Il reasons? ? ! months for an illno	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off Do you take any medication	ship due to medica peration in the past or during the last 12 disability problems as regularly?	Il reasons? ? ! months for an illno	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
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Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a	ship due to medica peration in the past or during the last 12 disability problems as regularly? any of the above, p	I reasons? ? ! months for an illnonow? lease give full deta	ess/accident? ills and attach a separat		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO TO THE TO	IO
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Medical history Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or op Do you take any medication (If the answer is YES to a	ship due to medica peration in the past or during the last 12 disability problems as regularly? any of the above, po-	I reasons? ? ! months for an illnonow? lease give full deta	ess/accident? ills and attach a separat		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	IO

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References (Please give the name and address of your current or immediate past employer)		
Name of company	1.UNICORN TRADE LTD	2
Name of person to contact	Yakup Keskin	-
Address	-	-
☎ No.	+90 542 567 47 67	-

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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:

29.02.2024

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