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## **APPLICATION FORM**

1	Position	identity card PIN Number 59TQ9Y8
	Position Applied for:	Able Seafarer Engine
	Date Available from:	-

First Name: TURAL	Last Name: NASIROV
Date of Birth: 26.08.1990	Place of Birth (City and Country): Azerbaijan, BILASUVAR
Email:	Mobile Number: (+994) 50 702 35 28
Permanent Address: Aghalikand village,	Expected Salary Per Month:
Bilasuvar district, Azerbaijan	1360\$
Nationality: Azerbaijanian	Alternative rank applying for: -

3	Family Details: (If Unmarrie	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Ziyafat	Nasirov	Male	Father	077 502 66 02

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan State Maritime College	Azerbaijan	2013	2014	College

Physical Data	
Height	175
Weight	62
Boilersuit Size	S
Shoes Size	40
Blood group	O(I)RH+

Seaman's Book &	Identify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Ship Management		Yacht	Management	I Sale	& Purchasina

ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Ship Agency **Exclusive Cargo Brokering Bunker Supply** Technical Services

Seaman Book	Azerbaijan	DQK	022191	09.12.2022	Azerba	ijan	09.12.2027
Certificate of Competency	Azerbaijan	RP	06833	18.12.2019	Azerba	ijan	18.12.2029
Republic of Azerbaijan	Azerbaijan	C03	756724	21.12.2022	Azerba	ijan	20.12.2032
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	ne country and reas	sons		-			

7 **Professional Test** 

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-0369-24	UAG	12.02.2024	12.02.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0369-24	UAG	12.02.2024	12.02.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0369-24	UAG	12.02.2024	12.02.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0369-24	UAG	12.02.2024	12.02.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0369-24	UAG	12.02.2024	12.02.2029
International Safety Management	Azerbaijan	SP-3635-22	UAG	13.12.2022	13.12.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0299-24	UAG	02.02.2024	01.02.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0441-24	UAG	09.02.2024	02.02.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2450-22	UAG	14.12.2022	14.12.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0064-24	UAG	30.01.2024	26.01.2029

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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

## **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
TUTA SHIPPING AND TRADING	M/V FLAMURI	Liberia	General Cargo	8500	66	6508		Oiler	15.04.2023	28.11.2023	7 month 15 day	End of Contract
					-		Certino					
									7			

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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 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	
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	Il reasons? ? ! months for an illne now? lease give full deta	ess/accident? ills and attach a separat		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
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
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, 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
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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Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services 16 References (Please give the name and address of your current or immediate past employer)

Name of company	1.TUTA SHIPPING AND TRADING	2.
Name of person to contact	Erkan Bey	
Address	Turkey	
■ No.	+90 533 399 44 32	

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

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