



APPLICATION FORM

1	Position	identity card PIN Number 6CH7165
	Position Applied for:	Able Seafarer Deck
	Date Available from:	01.02.2024

First Name: LACHIN	Last Name: SALAMOV
Date of Birth: 26.03.1996	Place of Birth (City and Country): Azerbaijan, SHAKI
Email: Lacinsalamov1996@gmail.com	Mobile Number: (+994) 51 640 10 31
Permanent Address: Shaki city, Ashaqi Goynuk Village	Expected Salary Per Month: 1500\$
Nationality: Azerbaijan	Alternative rank applying for: II/4

3	Family Details: (If Unmarr	ied kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Ilham	Salamov	Male	Faher	050 739 56 19

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
Kainat MMC	Azerbaijan	2013	2014	Course

Physical Data	
Height	167
Weight	85
Boilersuit Size	XXL
Shoes Size	42
Blood group	A(II)RH+
Additional Physical Information:{You can write any o	other information 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 EXPIRY
Seaman Book	Azerbaijan	DQK 020617	24.06.2022	Azerbaijan	24.06.2027

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

5

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

Republic of Azerbaijan	Azerbaijan	C016	5113204	18.05.2017	Aze	rbaijan	17.05.2027
Certificate of Azerbaijan	Azerbaijan	RP	07876	16.06.2022	Aze	rbaijan	-
Certificate of Azerbaijan	Azerbaijan	RP	07876	14.02.2024	Aze	rbaijan	
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 th	ne country and rea	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)	Azerbaijan	ASMA, BAKU	16.06.2022
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-2337-22	UAG	26.05.2022	13.05.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2337-22	UAG	26.05.2022	13.05.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2337-22	UAG	26.05.2022	13.05.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2337-22	UAG	26.05.2022	13.05.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2337-22	UAG	26.05.2022	13.05.2027
International Safety Management	Azerbaijan	SP-1146-22	UAG	19.05.2022	10.05.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1307-22	UAG	18.05.2022	05.05.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1185-22	UAG	23.05.2022	19.04.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0864-22	UAG	17.05.2022	21.04.2027

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

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

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
Oras Shipping LTD	MV Hazar	Panama	General Cargo	2500	Daihatsu 8D-KM-	4425	-	2.4	27.06.202 3	22.12.202	6 month	End of Contract
Chorymski Shipping	MV Chorumsky 19	Panama	General Cargo	2904	-	1945		2.4	07.07.202 2	26.04.202	9 month	End of Contract
			A	V/_				1.6/3				
							80 3					
									/			
						UA						
						9,6						

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**

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					
-					
Travel Documents					
Name		YES/NO	Country	Date	pf Expire
Schengen		YES/NO	NO	Date	- -
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance, Health Related	Dogumentation				
Medical Certificate (Fit for D	uty)			YES/NO	Y
Yellow Fever		Vaccin	ation	YES/NO	Y
COVID-19				YES/NO	Y
00 110				1 20/110	
				•	
e answer is YES to any of the	above, please giv	ve full details and at	tach a separate page if r	necessary)	
e answer is YES to any of the	above, please giv	ve full details and at	tach a separate page if r	necessary)	
e answer is YES to any of the	above, please giv	e full details and at	tach a separate page if r	necessary)	
e answer is YES to any of the	above, please giv	ve full details and at	tach a separate page if r	necessary)	
e answer is YES to any of the Medical history	above, please giv	ve full details and at	tach a separate page if r	necessary)	
			tach a separate page if r	necessary)	
Medical history Have you ever signed off a selection and open support of the selection and open support of the selection and selection are selection and selection and selection are selection as selection are selection and selection are selection as selection are selection and selection are selection and selection are selection and selection are selection as selection are selection as selection are selection and selection are selection and selection are selection are selection as selection are selection are selection as selection are selection as selection are selection as selection are selection as selection are selection are selection are selection as selection are selection as selection are sel	ship due to medica	al reasons? t?			
Medical history Have you ever signed off as Have you undergone any op Have you consulted a docto	ship due to medica peration in the pas r during the last 12	al reasons? t? 2 months for an illne		YES/NO	N
Medical history Have you ever signed off a service Have you undergone any operation Have you consulted a doctor Do you have any health or consulted the service Have you can be service Have you can be service Have you consulted the service Have you consulted the service Have you can be service Have you consulted the service Have you consul	ship due to medica peration in the pas r during the last 12 isability problems	al reasons? t? 2 months for an illne		YES/NO YES/NO YES/NO YES/NO	1 1
Medical history Have you ever signed off as Have you undergone any op Have you consulted a docto	ship due to medica peration in the pas r during the last 12 isability problems	al reasons? t? 2 months for an illne		YES/NO YES/NO YES/NO	1 1
Medical history Have you ever signed off a service Have you undergone any operation Have you consulted a doctor Do you have any health or consulted the service Have you can be service Have you can be service Have you consulted the service Have you consulted the service Have you can be service Have you consulted the service Have you consul	ship due to medica peration in the pas r during the last 12 lisability problems s regularly?	al reasons? t? 2 months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	N N
Medical history Have you ever signed off a selection Have you undergone any operative you consulted a doctor Do you have any health or consulted any medication because in the property of th	ship due to medica peration in the pas r during the last 12 lisability problems s regularly?	al reasons? t? 2 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 selection Have you undergone any operative you consulted a doctor Do you have any health or consulted any medication because in the property of th	ship due to medica peration in the pas r during the last 12 lisability problems s regularly?	al reasons? t? 2 months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	N N
Medical history Have you ever signed off a second of the	ship due to medica peration in the pass r during the last 12 lisability problems is regularly? Iny of the above, p	al reasons? t? 2 months for an illne now? blease give full detai	ess/accident? ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a self-self-self-self-self-self-self-self-	ship due to medica peration in the past of during the last 12 disability problems of regularly? In of the above, p	al reasons? t? 2 months for an illne now? blease give full detai	ess/accident? ils and attach a separate a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO Page if necessar	n n n n n n n n n n n n n n n n n n n
Medical history Have you ever signed off a self-base you undergone any open Have you consulted a doctor Do you have any health or consulted any medication (If the answer is YES to a general Have you ever been the subject to the subject of the su	ship due to medical peration in the pass of during the last 12 disability problems is regularly? In the above, property of the above, property of the above, property of the court of expect of a court of expectational license susp	al reasons? t? 2 months for an illne now? blease give full detail nquiry or involved in bended 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	n n n n n n n n n n n n n n n n n n n
Have you ever signed off a self-based profession of the subject of	ship due to medical peration in the pass of during the last 12 disability problems is regularly? In the above, property of the above, property of the above, property of the court of expect of a court of expectational license susp	al reasons? t? 2 months for an illne now? blease give full detail nquiry or involved in bended 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	n n n n
Have you ever signed off a self-based profession of the subject of	ship due to medical peration in the pass of during the last 12 disability problems is regularly? In the above, property of the above, property of the above, property of the court of expect of a court of expectational license susp	al reasons? t? 2 months for an illne now? blease give full detail nquiry or involved in bended 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	n n n n n n n n n n n n n n n n n n n

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

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

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

Name of company	1. Oras Shipping Crew	2
Name of person to contact	Mehmet Demirel	-
Address	-	-
■ No.	+90 549 478 56 00	-

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.

	Date:	15.02.2024	
Signature			

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair