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# **APPLICATION FORM**

1	Position	identity card PIN Number 224TNHZ
	Position Applied for:	Rating forming part of a navigational watch
	Date Available from:	10.01.2024

Last Name: SAMADOV
Place of Birth (City and Country): Azerbaijan, ASTARA
Mobile Number: (+994) 70 794 90 93
Expected Salary Per Month:
1000\$
Alternative rank applying for: -

3	Family Details: (If Unmar	ried kindly give details of Fat	her / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Gulnar	Samedova	Female	Mother	(+994) 50 491 90

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	IST SERVICES	Azerbaijan	05.2023	05.2023	Course

Physical Data	
Height	173
Weight	64
Boilersuit Size	M
Shoes Size	41
Blood group	A(II)RH+
Additional Physical Information:{You can write any other information	you want to add about your physique in this field.}

	-	•				
6	Seamen's Book & Id	lentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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

Seaman Book	Azerbaijan	DQK	025894	30.11.2023	Aze	erbaijan	30.11.2028
Certificate of Competency	Azerbaijan	RP	13931	22.11.2023	Aze	erbaijan	-
Republic of Azerbaijan	Azerbaijan	C03	800681	12.09.2023	Aze	erbaijan	11.09.2033
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been rejecte	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state th	ne country and reas	sons		-			

**Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

Licences

Name	Issuing Country	Place Issued	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-3517-23	IST	13.07.2023	13.06.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3517-23	IST	13.07.2023	13.06.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3517-23	IST	13.07.2023	13.06.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3517-23	IST	13.07.2023	13.06.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3517-23	IST	13.07.2023	13.06.2028
International Safety Management	Azerbaijan	SP-2371-23	IST	21.07.2023	21.07.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2392-23	IST	14.07.2023	19.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2057-23	IST	11.07.2023	14.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1983-23	IST	27.07.2023	23.06.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0608-23	IST	03.08.2023	03.08.2028

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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
-	-	-	-	-	-	-	-	-	-	-	-	-
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11 For Engineers (Please provide details
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Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

## 12 Other Experience

22 years working for the Customs Service, Always involved in sports(football, basketball), Knows Russian language

## 12 Travel Documents

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

## 13 Insurance, Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

#### 14 Medical history

mounds motory		
Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

## 15 General

Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

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Address	Name of company	1	2
Peclaration  hereby declare that the above particulars are true and authorize you to contact the referees listed above.	Name of person to contact	-	-
Declaration  hereby declare that the above particulars are true and authorize you to contact the referees listed above.	Address	-	-
hereby declare that the above particulars are true and authorize you to contact the referees listed above.	☎ No.	-	-
have read it, I am familiar with it, I confirm with my signature.	Declaration		
	•	•	e you to contact the referees listed above.
	hereby declare that the above	•	e you to contact the referees listed above.

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Signature

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

13.03.2024

Date: