



APPLICATION FORM

1	Position	identity card PIN Number 6ADJ37E						
	Position Applied for:	Rating forming part of a navigational Watch						
	Date Available from:	-						

Personal Information Gender: Male 2 First Name: MURAD Last Name: MURADOV Date of Birth: 06.01.1998 Place of Birth (City and Country): Azerbaijan, KHACHMAZ Email: 9-muradmuradov887@gmail.com Mobile Number: (+994) 55 251 57 90 Permanent Address: Khachmaz district, Expected Salary Per Month: -Farzalioba village Nationality: Azerbaijan Alternative rank applying for: -Person to call in emergency: (+994) 70 673 69 49 Father

Family Details: (If Unmarried kindly give details of Father / Mother) 3 Gender Relation First Name **Last Name** Contact 070 673 69 49 Shixzaman Muradov Male Father

Maritime Education Type of degree or Name of school **Country** From To diploma Kainat Maritime Azerbaijan 11.2019 05.2020 Course MMC

Physical Data 178 Height 70 Weight М **Boilersuit Size** 43 Shoes Size B(III)RH+ Blood group Additional Physical Information: (You can write any other information you want to add about your physique in this field.)

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

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

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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**

Seaman Book	Azerbaijan	DQK 015931		19.02.2020	Aze	rbaijan	19.02.2025
Certificate of Competency	Azerbaijan	RP	10310	02.12.2021	Aze	rbaijan	-
Republic of St Kitts	St Kitts and Nevis Island	SKN09035613		16.02.2023		and Nevis land	06.02.2028
Republic of Azerbaijan	Azerbaijan	C02911820		12.04.2021	Aze	rbaijan	11.04.2031
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?		NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa 'B1/B2'?		YES/NO NO		Issue Date:	-	- Expiry Date:-	
Have you been reject	YES/NO	NO					
If YES, please state the	If YES, please state the country and reasons						

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

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

STCW Certificates & Trainings Training Date Of Courses **Issued Country** Certificate No. **Date Issued** Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-1814-20 UAG 28.12.2020 18.12.2025 SO-1814-20 28.12.2020 18.12.2025 FIRE PREVENTION & FIRE FIGHTING Azerbaijan UAG Azerbaijan **ELEMENTARY FIRST AID** SO-1814-20 UAG 28.12.2020 18.12.2025 28.12.2020 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-1814-20 UAG 18.12.2025 Azerbaijan SO-1814-20 28.12.2020 18.12.2025 UAG SAFFTY FAMILIARIZATION TRAINING International Safety Management Azerbaijan SP-1265-20 UAG 29.12.2020 24.12.2025 Proficiency in Survival Craft & Rescue SL-1342-20 **UAG** 25.12.2020 22.12.2025 Azerbaijan **Boats** Security Awareness Training For All SI-0862-20 UAG 25.12.2020 23.12.2025 Azerbaijan Seafarers Security Training For Seafarers With SH-0809-20 UAG 28.12.2020 28.12.2025 Azerbaijan **Designated Security Duties** Basic training and qualifications on oil SA-0001-24 UAG 10.01.2024 10.01.2029 Azerbaijan and chemical tanker cargo operations;

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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	
BALRWAVE 213-LTD	M/V VOLGA BALT 213	PANAMA	General Cargo	3942	-	2516	-	Ordinary Seaman	13.07.202 1	26.04.202 2	9 month	End of Contract	
GULF RAIN LTD	M/V GULF RAIN	M/V GULF RAIN	ST KITTS	General Cargo	-	-	2514	-	Ordinary Seaman	16.02.202 3	28.11.202	9 month	End of Contract
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For Engineers (Please p	rovide details)					
Generators	-					
Purifiers and Boilers	-					
Type of Cranes / No of						
Reefer Containers	-					
Other Experience						
-						
Travel Decuments						
Travel Documents		YES/NO	Country		Date of Ev	
Name Schengen		YES/NO	Country NO		Date pf Ex	pire
US		YES/NO	NO		-	
China		YES/NO	NO		-	
Australia		YES/NO	NO		-	
Insurance, Health Related				\/50	\(\(\)\(\)	VE
Medical Certificate (Fit for D	outy)	Vaccin	ation		S/NO	YE
Yellow Fever				YES	S/NO	YES
covidence covide	above, please giv	e full details and at	tach a separate page if I		S/NO	YE
e answer is YES to any of the	above, please giv	e full details and at	tach a separate page if I		S/NO	YE
answer is YES to any of the	above, please giv	e full details and at	tach a separate page if I		S/NO	YE
e answer is YES to any of the			tach a separate page if I	necessary)		
e answer is YES to any of the Medical history Have you ever signed off as	ship due to medica	Il reasons?	tach a separate page if i	necessary)	S/NO	NC
Medical history Have you ever signed off a selection of the selection of	ship due to medica	Il reasons?		YES	S/NO S/NO	NC NC
Medical history Have you ever signed off as Have you undergone any op Have you consulted a doctor	ship due to medica peration in the past or during the last 12	Il reasons? ? ? months for an illne		YES YES YES	S/NO	NC NC
Medical history Have you ever signed off a selection of the selection of	ship due to medica peration in the past or during the last 12 disability problems	Il reasons? ? ? months for an illne		YES YES YES YES	S/NO S/NO S/NO	NC NC NC
Medical history Have you ever signed off a shave you undergone any ophave you consulted a doctor Do you have any health or consulted and the shades and the shades are shades.	ship due to medica peration in the past or during the last 12 disability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES YES YES YES	S/NO S/NO S/NO S/NO S/NO	NC NC NC
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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.Pasific Shipping	2
Name of person to contact	Levent Gul	-
Address	-	-
■ No.	+905330437038	-

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:	05.02.2024	

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