



## **APPLICATION FORM**

1	Position	identity card PIN Number 609QM5L	identity card PIN Number 609QM5L			
	Position Applied for:	Electro- Technical Officer				
	Date Available from:	-				
2						
	Personal Information	Gender: Male				
	First Name: VUSAL	Last Name: DADASHOV				
2						

Expected Salary Per Month: -

Alternative rank applying for: -

Person to call in emergency: (+994) 55 717 77 41 Father

Permanent Address: Baku City, Nariman

Narimanov, Faiqg Yusifov Street 69

Nationality: Azerbaijan

3	Family Details: (If Unmarri	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Tarlan	Dadashov	Male	Father	+994557177741

Name of school Country From To Type of degree or diploma

Height 170

Weight 85

Boilersuit Size XL

Shoes Size 41-42

Blood group O(I)RH+

Additional Physical Information:{You can write any other information you want to add about your physique in this field.}

## 6 Seaman's Book & Identify Docs

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DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY	
Seaman Book	Azerbaijan	DQK 017078	11.02.2021	Azerbaijan	11.02.2026	

Ship ManagementYacht ManagementSale & PurchasingISM&ISPS ManagementTechnical ManagementShip AgencyShip AgencyShip BrokeringExclusive Cargo BrokeringConsultationsSurveying & MonitoringBunker SupplyProvision, Ship SupplyNew Building & RepairTechnical 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

Certificate of Competency	Azerbaijan	0007476		08.06.2022	Azerbai	jan	08.06.2027
Republic of Azerbaijan	Azerbaijan	C03022549		21.08.2020	Azerbaijan		20.08.2030
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		NO	Issue Date:	-	Expiry	Date:-
Have you been rejected for any visa applied 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-0350-21	SMPA	03.03.2021	03.03.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0350-21	SMPA	03.03.2021	03.03.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0350-21	SMPA	03.03.2021	03.03.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0350-21	SMPA	03.03.2021	03.03.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0350-21	SMPA	03.03.2021	03.03.2026
International Safety Management	Azerbaijan	SP-2322-21	SMPA	15.12.2021	15.12.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0180-21	SMPA	22.02.2021	16.02.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-1319-22	SMPA	02.06.2022	02.06.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0497-20	SMPA	18.09.2020	10.09.2025
Medical First Aid	Azerbaijan	SN-0883-21	SMPA	13.12.2021	13.12.2026
Leadership & Teamwork	Azerbaijan	DL-0315-22	SMPA	22.02.2022	09.02.2022
Advanced Training in Fire Fighting	Azerbaijan	SJ-0115-21	SMPA	25.02.2021	25.02.2026
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0072-22	SMPA	18.02.2022	18.02.2027

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

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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
ASCO	M/V MERCURI—1	-	-	-	-	-	-	ETR	22.06.2016	14.09.2016	4 month	End of Contract
ASCO	M/V SHIRVAN	-	-	-	69	P)-7		ETR	22.06.2017	26.10.2017	4 month	End of Contract
ASCO	M/V MUHANDIS BALARZA MAMMADOV	-	-		-	P-1		ETR	13.07.2018	30.08.2018	2 month	End of Contract
ASCO	M/V FIZULI	-	-	V-C	-	-	-	ETR	19.01.2019	24.05.2019	4 month	End of Contract
SAMAYA CO LTD	M/V SANJAR	-	-6	1		-	-	ETR	01.02.2021	30.06.2021	4 month	End of Contract
ZEN SHIPPIN LLC	M/V CLEARWATER	-	- 9	Z		-	\$	ETR	01.08.2021	01.04.2022	4 month	End of Contract
TRIMORYA SHIPPING& TRADE CO LTD	M/V ODESSA 1	-	-		-		\(\frac{1}{2}\)	ETO	05.01.2023	20.07.2023	6 month	End of Contract

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Generators	-					
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country		Date p	of Expire
Schengen US		YES/NO YES/NO	NO NO			-
China		YES/NO YES/NO	NO			-
Australia		YES/NO	NO			-
- ANDERSON						
Insurance ,Health Related	Documentation					
Medical Certificate (Fit for D	Outy)				YES/NO	,
		\/!··	ation			
		Vaccin	ation			
Yellow Fever		vaccin	ation		YES/NO	
Yellow Fever COVID-19 e answer is YES to any of the	e above, please give			necessa	YES/NO	,
COVID-19	e above, please give			necessa	YES/NO	
COVID-19	e above, please give			necessa	YES/NO	
COVID-19 e answer is YES to any of the		full details and at		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 o	ship due to medical peration in the past?	e full details and at	tach a separate page if	necessa	YES/NO ary)	
COVID-19 e answer is YES to any of the  Medical history  Have you ever signed off a Have you undergone any o Have you consulted a doctor	ship due to medical peration in the past? or during the last 12	reasons?	tach a separate page if	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 o  Have you consulted a doctor  Do you have any health or a	ship due to medical peration in the past? or during the last 12 disability problems n	reasons?	tach a separate page if	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 o  Have you consulted a doctor  Do you have any health or o  Do you take any medication	ship due to medical peration in the past? or during the last 12 disability problems n ns regularly?	reasons? months for an illne	ess/accident?		YES/NO 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 consulted a doctor Do you have any health or or Do you take any medication  (If the answer is YES to a	ship due to medical peration in the past? or during the last 12 disability problems nas regularly? any of the above, please of the problem of the above of the above of the sional license suspensional license suspensional	reasons? months for an illnerow? ease give full deta	ess/accident?  ils and attach a separate a maritime accident?		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 o Have you consulted a docto Do you have any health or Do you take any medication  (If the answer is YES to a	ship due to medical peration in the past? or during the last 12 disability problems nas regularly? any of the above, please of the problem of the above of the above of the sional license suspensional license suspensional	reasons? months for an illnerow? ease give full deta	ess/accident?  ils and attach a separate a maritime accident?		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 consulted a doctor Do you have any health or or Do you take any medication  (If the answer is YES to a	ship due to medical peration in the past? or during the last 12 disability problems nas regularly? any of the above, please of the problem of the above of the above of the sional license suspensional license suspensional	reasons? months for an illnerow? ease give full deta	ess/accident?  ils and attach a separate a maritime accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	IO

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Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

16	References (Please give the	e name and address of your current or immediate p	ast employer)
	Name of company	1	2-

Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

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:	18.03.2024
Signature		

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