



## **APPLICATION FORM**

1	Position	identity card PIN Number 2GVC338
	Position Applied for:	Rating forming part of an engine- room watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: SAHIB	Last Name: HASANLI
Date of Birth: 20.07.1996	Place of Birth (City and Country): Azerbaijan , BAKU
Email: hesenli.sahib.329@gmail.com	Mobile Number: (+994) 55 329 99 79
Permanent Address: Baku city, Khazar	Expected Salary Per Month:
district, Merdakan settl, Home 39	1200\$-1500\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarrie	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Musa	Hasanov	Male	Father	+994503299979

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Kaspian Education Center	Azerbaijan	04.2023	09.2023	Course

Physical Data	
Height	170
Weight	77
Boilersuit Size	M
Shoes Size	41
Blood group	O(I)RH+

6	Seaman's Book & Id	entify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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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	026981	01.03.2024	Az	erbaijan	01.03.2029
Certificate of Competency	Azerbaijan	RP	14538	22.02.2024	Az	erbaijan	-
Republic of Azerbaijan	Azerbaijan	C02	002552	23.01.2018	Az	erbaijan	22.01.2028
Do you hold a US Visa	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 rejecte	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state th	ne country and rea	sons		-			

**Professional Test** 

<b>Professional Test Date</b>	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-0110-24	SMPA	19.01.2024	19.01.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0110-24	SMPA	19.01.2024	19.01.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0110-24	SMPA	19.01.2024	19.01.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0110-24	SMPA	19.01.2024	19.01.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0110-24	SMPA	19.01.2024	19.01.2029
International Safety Management	Azerbaijan	SP-0021-24	SMPA	10.01.2024	10.01.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0258-24	SMPA	01.02.2024	26.01.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0017-24	SMPA	08.01.2024	08.01.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0002-24	SMPA	07.01.2024	07.01.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0054-24	SMPA	30.01.2024	30.01.2029

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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

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

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Purifiers and Boilers _
Type of Cranes / No of Reefer Containers

12	Travel Documents				
	Name	YES/NO	Country	Date pf Expire	
	Schengen	YES/NO	NO	-	
	US	YES/NO	NO	-	
	China	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	YES

YES/NO

NO

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

Medical history		
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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Australia

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16	References (Please give the na	ame and address of your current or immediate pa	st 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.

Signature

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