## **APPLICATION FORM**



Doughter

FamilyName
FirstName
DateofBirth
Cityofliving

PhoneNumbers

Son

Position Applied for: A	Able-Seafar	er-E	Engine		Da	ate Ava	ilable from: Any time
1. PersonalData							
Family Name: RZAYEV		Fir	st Name:	ГOSIF	ı	Mi	ddle Name: RASIF
Date of Birth: <b>18.02.1996</b>	Place of Bir	th: <b>Ba</b>	ku, Azerbai	jan		Citizens	hip: <b>Azerbaijani</b>
Permanent Address: Lankaran, Azerbaijan				Phone (Home): Phone (Business/ Mobile): (+994) 50 416-59-14 E-mail:			
2. MaritimeEducation							
Nameofschool	Town		Country	Fron	1	То	Type of degree or diploma
3. ProfessionalTest							
EnglishTestDate		Name	eofTest	Score			
ProfessionalTestDate		Name	eofTest		Score		e
ProfessionalInterviewDate		Resu	lt				
4. FamilyDetails							
Civil Status(Single, Married, Separated, I	Divorced, Widowed)	: Sir	ıgle				
Next of Kin (the first emergency contact): RASHKHANDA RZAYEVA						Relat	ionship / Mother
Address of Residence: Lankaran, Azerbaijan					Phone : (+994) 50 735-17-80		

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5. IdentityDocuments							
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate		
Seaman'sBook	Azerbaijan	AZE016639	State Maritime Adminstration	16.05.2018	16.05.2023		
TravelPassport	Azerbaijan	C01948592	Ministry of Internal Affairs	30.05.2018	29.05.2028		

6. ValidVisa						
CountryorUnion	Туре	ValidUntil				

7. Courses Attended and Certificates Obtained						
Document	Document Number Dates			- Place		
Document	Number	Issue	Expiry	Flace		
CertificateofCompetency	RP08891	08.11.2018	08.11.2028	State Maritime Administration		
OilTankerEndorsement						
ChemicalTankerEndorsement						
GasTankerEndorsement						
OilTankerFamiliarizationTraining						
ChemicalTankerFamiliarizationTraining						
GasTankerFamiliarizationTraining						
OilTankersSpecializedTraining						
ChemicalTankerSpecializedTraining						
GasTankerSpecializedTraining						
BasicTrainings	SO-1085-18	18.04.2018	12.04.2023	State Maritime Administration		
Proficiency in Survival Craft and Rescue Boats	SL-1090-18	18.04.2018	18.04.2023	State Maritime Administration		
AdvancedFireFighting						
MedicalFirstAidTraining						
Medical First Aid Training and Medical Care						
GMDSS						
GMDSS Endorsement						
RadarObservation&Plotting						
Automatic Radar Plotting Aids Simulator (ARPA)						
BridgeTeamManagement						
Shiphandling&Maneuvering						
Ship Security-related familiarization security-	CI 0007 10	10.04.2010	10.04.2022	Canal Manistra Administration		
awareness training	SI-0697-18	19.04.2018	19.04.2023	State Maritime Administration		
MalteseEndorsementof SSO						
ISM Code	SP-0901-18	14.04.2018	14.04.2023	State Maritime Administration		
SafetyOfficer						
ECDISTrainingCourse						
RiskAssessmentCourse						
C.O.W / I.G.S						
FirePracticeonTankers						
VapourRecoverySystem						
UnmannedMachinerySpace						
FRAMO FamiliarizationCourse						
Cargo Ballast Operations on Oil/Chemical Tankers						
HazardousMaterials						
Welder						
Turner						
Risk Management And Incident Investigation						
Training of seafarers with designated security duties	SH-0481-18	21.04.2018	21.04.2023	State Maritime Administration		
Dangerous hazardous and harmfull cargoes						
BasicTraining and qualifications on oil and chemical				Do 40 0 - f		
tanker cargo operations				Page 3 of		

8. PhysicalData						
Height	165 sm					
Weight						
ColourofHair	Black					
ColourofEyes	Brown					
BoilersuitSize						
ShoesSize						
	•					
0 Medicallistem			Yes	No		
<b>9. MedicalHistory</b> Have you ever signed off a ship due to r	modical reasons?		1 es	+		
				+		
Did you undergo any medical operation		accele acidont?				
Have you consulted a doctor during the		iess/accident?		+		
Do you have any health or disability pro	obtems now?			+		
If yes, please give full details:						
	Passed:	Vali	dtill:			
InternationalMedicalExamination	30.03.2018	30.0	30.03.2019			
VaccinationAgainstYellowFiver						
VaccinationAgainstDiphtheria						
0						
		- 00	-			
<b>10. References</b> (please give name and address of you	our current or past employer)	Officerem	arks			
NameofCompany						
Name of person to contact						
Address						
Phone						
riiolie						
NameofCompany						
Name of person to contact						
Address						
Phone						
		I				
11. Bankaddressforallotments						
Beneficiary						
AccountNo.						
NameofBank						
BankAddress						
40.77						
12. Knowledgeandexperience		Yes		No		
OCIMF vettingexperience:						
ISGOT knowledge:						
13. I hereby declare that the above, in	rcluding Madical Histor	v is truo				
Place	icia ding Micuical Histor	y, 13 ti uc				
'		·		D 2 C		
14. ForOfficeuseonly				Page 3 of		

## 15. SeagoingExperience

Nameofvessel	Flag	Vessel's Type	DWT	EngType	НР	ManagerorOwner	Rank	From d/m/y	To d/m/y	Total m/d
Zengilan	Azerbaijan	Oil tanker	5353	6 CHRNP 36/45 2296 kW	4x 160 KW	Caspian Shiping Company	Motor man	01.05.2018	15.11.2018	
BELFAST	TANZANİYA	DRY CARGO	3100		SKL	ADLER DENİZC.	MOTORMA	N 11.04.2019	28.01.2020	
MV YASEMIN	Panama	Dry Cargo	6800	MAN	4500	Nort marine	Motorman	11.03.2020	01.09.2020	
MYSIA	LIBERIA	DRY CARGO	6900	MAN	3750	MYSIA SHIPPING	Motorman	30.09.2020	19.08.2021	
SCOT HAMBURG	Malta	Oil Tanker	8241	Wartsilla	4750	SCOT HAMBURG	Motorman	17.09.2021	17.04 2022	
Grigory Molov	Panama	Dry Cargo	6098	B&W	3300	Echo Shipping	Motorman	14.05.2022	14.10.2022	
Pilot Khayyam Aliyev	Liberia	Dry Cargo	6090	MAN	4500	Angora Shipping	Motorman	10.01.2023	29.09.2023	

Total rank sea service:

**Total type of vessel sea service:** 

1 otal Talik Sca Sci vice:		Total type of vessel's	cu sei vice.
Rank	Years	Typeofve	essel Years
		OIL TANKER	
		LPG	
		DRY CARGO	
		TANKER ICE	
		OIL/CHEMICAL	TANKER
		FERRY	
Total		Total:	