



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 1NWGBN8
Position Applied for:	Second Officer
Date Available from:	-

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Personal Information		Gender: Male
First Name: SAMURAD	Last Name: MAMMADOV	
Date of Birth: 07.10.1985	Place of Birth (City and Country): Azerbaijan , ASTARA	
Email:-	Mobile Number: (+994) 50 456 27 79	
Permanent Address: Alat settl, Edoard Imanov street , home 17	Expected Salary Per Month: 5000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 782 42 55 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Fargana	Mammadova	Female	Wife	+99450 782 42 55

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

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Physical Data	
Height	166
Weight	-
Boilersuit Size	XL
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.}	

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Seaman`s Book & Identify Docs					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 015285	31.10.2019	Azerbaijan	31.10.2024

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 **Tel:** +994 51 277 19 31

Certificate of Competency	Azerbaijan	0007018	06.09.2023	Azerbaijan	06.09.2028
Republic of Azerbaijan	Azerbaijan	C03277206	19.03.2024	Azerbaijan	18.03.2034
Do you hold a US Visa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry Date: -
Do you hold a US Visa 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry Date:-
Have you been rejected for any visa applied for?	YES/NO		NO		
If YES, please state the country and reasons			-		

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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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 TECHNIQS	Azerbaijan	SO-2332-22	SMPA	26.05.2022	19.05.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2332-22	SMPA	26.05.2022	19.05.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2332-22	SMPA	26.05.2022	19.05.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2332-22	SMPA	26.05.2022	19.05.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2332-22	SMPA	26.05.2022	19.05.2027
International Safety Management	Azerbaijan	SP-1320-22	SMPA	12.05.2022	11.05.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1378-22	SMPA	26.05.2022	26.05.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0595-24	SMPA	01.03.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3482-23	SMPA	21.12.2023	15.12.2028
Engine resource management	Azerbaijan	ER-0345-23	SMPA	06.12.2023	06.12.2028
Leadership & Teamwork	Azerbaijan	DL-0128-24	SMPA	23.02.2024	23.02.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-1565-23	SMPA	14.12.2023	12.12.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0371-22	SMPA	17.06.2022	14.06.2027
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0069-21	SMPA	27.04.2021	27.04.2026
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	AS-0056-21	SMPA	07.05.2021	07.05.2026
Medical First Aid	Azerbaijan	SN-0219-24	SMPA	01.07.2024	Unlimited
Medical Care	Azerbaijan		SMPA		
Crowd management training	Azerbaijan	SC-0110-22	SMPA	09.06.2022	07.06.2027

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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11 For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

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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	YES

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

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14 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)

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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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References *(Please give the name and address of your current or immediate past employer)*

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

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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: 27.03.2024

Signature

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