



APPLICATION FORM

1	Position	identity card PIN Number 4PULVBL
	Position Applied for:	Officer in Charge of A Navigational Watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: BAHRUZ	Last Name: NAJAFOV
Date of Birth: 25.11.1986	Place of Birth (City and Country): Azerbaijan , SALYAN
Email: necefovbehruz1986@gmail.com	Mobile Number: (+994) 51 399 45 25
Permanent Address: Baku city, Surakhani	Expected Salary Per Month:
district	2000\$
Nationality: Azerbaijanian	Alternative rank applying for: -

3	Family Details: (If Unmarrie	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Khagani	Najafov	Male	Father	+994 50 614 32 78

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Ukraine Kiev Marine Academy	Azerbaijan	2018	2022	Bachelor
		·	·		

175
85
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42
O(I)RH+

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

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**

Seaman Book	Azerbaijan	DQK	024782	25.08.2023	Aze	erbaijan	25.08.2028
Certificate of Competency	Azerbaijan	00	08128	12.03.2024	Aze	erbaijan	12.03.2029
Republic of Azerbaijan	Azerbaijan	C02	958778	18.07.2022	Aze	erbaijan	17.07.2032
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	Issue Date:	-	Expiry	Date:-
Have you been reject	ed for any visa ap _l	olied for?	•	YES/NO	NO	•	
If YES, please state the	he country and rea	isons		-			

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	-	-	-

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-4250-23	SMPA	16.08.2023	08.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4250-23	SMPA	16.08.2023	08.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4250-23	SMPA	16.08.2023	08.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4250-23	SMPA	16.08.2023	08.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4250-23	SMPA	16.08.2023	08.08.2028
International Safety Management	Azerbaijan	SP-2761-23	SMPA	16.08.2023	09.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3061-23	SMPA	15.08.2023	15.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2381-23	SMPA	03.08.2023	03.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2066-23	SMPA	02.08.2023	02.08.2028
Ship Security Officer	Azerbaijan	-	SMPA	-	-
Leadership & Teamwork	Azerbaijan	DL-0908-23	SMPA	16.11.2023	15.11.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1460-23	SMPA	27.11.2023	22.11.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	-	SMPA	-	-
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	-	SMPA	-	-
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	-	SMPA	-	-
Medical First Aid	Azerbaijan	SN-1651-23	SMPA	07.11.2023	07.11.2028
Medical Care	Azerbaijan		SMPA		
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0695-23	SMPA	30.12.2023	25.11.1986
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0217-23	SMPA	15.12.2023	15.12.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0642-23	SMPA	30.11.2023	30.11.2028
Bridge Resource Management	Azerbaijan	SW-0498-23	SMPA	20.11.2023	16.11.2028
Ship Handling and Maneuvering	Azerbaijan	-	-	-	-

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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
REGENCY SHIPPING	M/V GEERT	Turkey	-	3700	-	-	-	Boatswain	27.12.2022	14.06.2023	7 month	End of Contract
PLATIN SHIPPING	M/V SIMONA	Turkey	-	6500		9.4		A/B	27.07.2022	19.12.2022	6 month	End of Contract
REGENCY SHIPPING	M/V RIWAL	Turkey	-	3700		\ <u></u>	C-8	A/B	26.12.2021	03.06.2022	7 month	End of Contract
REGENCY SHIPPING	M/V ELKE	Turkey	-	3700		-	-	A/B	18.02.2021	27.08.2021	7 month	End of Contract
EFE SHIPPING	M/V MARE	Turkey	- /	1500	-	-	-	A/B	14.02.2020	19.09.2020	8 month	End of Contract
CMS	M/V CMS 1	Azerbaija n	-//	800	7 1 _	-	-	Ordinary Seaman	01.06.2019	30.08.2019	2 month	End of Contract
CMS	M/V CMS 1	Azerbaija n	-10	800		-	<u>a</u>	Ordinary Seaman	02.11.2019	30.12.2019	2 month	End of Contract
						96	5/9/					

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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

Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Date	e pf Expire
Schengen		YES/NO	NO		-
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for D				YES/NO	,
·	.,	Vaccin	ation	1.20/110	
Yellow Fever				YES/NO	
COVID-19				YES/NO	,
Medical history					
Medical history Have you ever signed off a s	ship due to medica	I reasons?		YES/NO	
Have you ever signed off a s Have you undergone any op	eration in the past	?		YES/NO YES/NO	
Have you ever signed off a s Have you undergone any op Have you consulted a doctor	eration in the past during the last 12	? ! months for an illne	ess/accident?	YES/NO YES/NO	
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d	eration in the past during the last 12 isability problems	? ! months for an illne	ess/accident?	YES/NO YES/NO YES/NO	
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications	eration in the past r during the last 12 isability problems s regularly?	? ! months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d	eration in the past r during the last 12 isability problems s regularly?	? ! months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
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Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications (If the answer is YES to a	eration in the past r during the last 12 isability problems s regularly? ny of the above, poets ect of a court of er	? months for an illne now? lease give full deta	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	ry)
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject Have you ever had a profess	eration in the past r during the last 12 isability problems s regularly? ny of the above, position ect of a court of er ional license suspen	? months for an illne now? lease give full deta quiry or involved in ended or revoked?	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	ry)
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Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject Have you ever had a profess	eration in the past r during the last 12 isability problems s regularly? ny of the above, position ect of a court of er ional license suspen	? months for an illne now? lease give full deta quiry or involved in ended or revoked?	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	ry)

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16	References (Please give	the name and address of	our current or immediate past employer)
	Name of company	1 -	2.

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

17 Declaration		
	1/	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:	28.03.2024	
Signature	•		Ī

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