

6



APPLICATION FORM

1	Position	identity card PIN Number 19U9NCD
	Position Applied for:	Rating forming part of an engine-room watch
	Date Available from:	-

First Name: VUSAL	Last Name: ALIYEV
Date of Birth: 18.02.1989	Place of Birth (City and Country): Azerbaijan, AGHDASH
Email:-	Mobile Number: (+994) 50 489 28 21
Permanent Address: Aghdash district,	Expected Salary Per Month:
Azerbaijan	1000\$
Nationality: Azerbaijanian	Alternative rank applying for:
	Fitter, Welder

3	Family Details: (If Unmarried kindly give details of Father / Mother)										
	First Name	Last Name	Gender	Relation	Contact						
	Ilham	Aliyev	Male	Brother	+994 70 343 72 70						

4	Maritime Education										
	Name of school	Country	From	То	Type of degree or diploma						
	Kainat Maritime MMC	Azerbaijan	07.2023	02.2024	Course						

5	Physical Data					
	Height	173				
	Weight	65				
	Boilersuit Size	M				
	Shoes Size	41				
	Blood group	O(I)RH+				
	Additional Physical Information:{You can write any other information you want to add about your physique in this field.}					

Seaman's Book	& Identify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

Ship Management Yacht Management Sale & Purchasing ISM&ISPS Management Technical Management Ship Agency Ship Agency Ship Brokering Exclusive Cargo Brokering Consultations Surveying & Monitoring **Bunker Supply** rovision, Ship Supply New Building & Repair Tecl
Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Provision, Ship Supply Technical Services Tel: +994 51 277 19 31

Seaman Book	Azerbaijan	erbaijan DQK 027028		05.03.2024	Azerbaij	an	05.03.2029
Certificate of Competency	Azerbaijan	RP14571		26.02.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03272579		13.03.2024	Azerbaijan		12.03.2034
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	Do you hold a US Visa 'B1/B2'?			Issue Date:	-	Expiry	Date:-
Have you been rejecte	YES/NO	NO					
If YES, please state th	-						

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

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Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

STCW Certificates & Trainings Training **Date Of Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-5732-23 SMPA 15.12.2023 15.12.2028 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-5732-23 **SMPA** 15.12.2023 15.12.2028 Azerbaijan **SMPA** ELEMENTARY FIRST AID SO-5732-23 15.12.2023 15.12.2028 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-5732-23 **SMPA** 15.12.2023 15.12.2028 Azerbaijan SAFETY FAMILIARIZATION TRAINING SO-5732-23 **SMPA** 15.12.2023 15.12.2028 **International Safety Management** Azerbaijan SP-4150-23 **SMPA** 28.12.2023 28.12.2028 Proficiency in Survival Craft & Rescue SMPA 21.12.2023 SL-4527-23 21.12.2028 Azerbaijan **Boats** Security Awareness Training For All **SMPA** 22.12.2023 22.12.2028 Si-4055-23 Azerbaijan Seafarers Security Training For Seafarers With SH-3492-23 SMPA 26.12.2023 26.12.2028 Azerbaijan **Designated Security Duties** Basic training and qualifications on oil SA-1164-23 **SMPA** 30.12.2023 30.12.2028 Azerbaijan and chemical tanker cargo operations; MES-JV/18803 IST 12.01.2024 12.01.2024 **Electric Gas Welder** Azerbaijan

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

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
-	-	-	-	-	-	-	-	-	-	-	-	-
							7-4					
						34						
			/									
									\			
							10					
							ST.					
							LJY A					
							M. C.		Y			
									W.			

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11	For Engineers (Please prov	or Engineers (Please provide details)				
	Generators	-				
	Purifiers and Boilers	-				
	Type of Cranes / No of					

12 Other Experience

Reefer Containers

Electric Gas Welder, He worked as a chef at the hotel

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)

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)

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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Tel: +994 51 277 19 31

16	References (Please give the	name and address of	your current or immediate p	past 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:	27.03.2024
Signature	-	

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