



APPLICATION FORM

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

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	Expected Salary Per Month:
Imanov street, home 17	5000\$
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
	Fargana	Mammadova	Female	Wife	+99450 782 42 55

Name of school	Country	From	То	Type of degree of diploma
Weather University Transport	Russia	2014	2018	Bachelor

166
75
XL
41
A(II)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** Technical Services

Seaman Book	Azerbaijan	DQK	015285	31.10.2019	Aze	rbaijan	31.10.2024
Certificate of Competency	Azerbaijan	000	07018	06.09.2023	Aze	erbaijan	06.09.2028
Republic of Azerbaijan	Azerbaijan	C03	277206	19.03.2024	Aze	erbaijan	18.03.2034
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 app	lied for?		YES/NO	NO		
If YES, please state t	he country and rea	sons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

STCW Certificates & Trainings

Leadership & Teamwork

Advanced Training in Fire Fighting

Basic training and qualifications on oil

and chemical tanker cargo operations:

9

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

Training Date Of **Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS 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 SO-2332-22 **SMPA** 26.05.2022 19.05.2027 Azerbaijan International Safety Management Azerbaijan SP-1320-22 **SMPA** 12.05.2022 11.05.2027 Proficiency in Survival Craft & Rescue SL-1378-22 **SMPA** 26.05.2022 26.05.2027 Azerbaijan **Boats** Security Awareness Training For All SI-0595-24 SMPA 01.03.2024 Unlimited Azerbaijan **Seafarers** Security Training For Seafarers With SH-3482-23 SMPA 21.12.2023 15.12.2028 Azerbaijan **Designated Security Duties** Azerbaijan ER-0345-23 SMPA 06.12.2023 06.12.2028 Engine resource management

Azerbaijan

Azerbaijan

Azerbaijan

Advanced training for oil tanker cargo SB-0069-21 **SMPA** 27.04.2021 27.04.2026 Azerbaijan operations (Crude oil washing system) Advanced training for Chemical tanker AS-0056-21 **SMPA** 07.05.2021 07.05.2026 cargo operations; (STCW Code section Azerbaijan A-V/1-1, table A-V/1-1-3) Azerbaijan SN-0219-24 SMPA 01.07.2024 Unlimited **Medical First Aid SMPA Medical Care** Azerbaijan Azerba<u>ija</u>n Crowd management training SC-0110-22 SMPA 09.06.2022 07.06.2027

DL-0128-24

SJ-1565-23

SA-0371-22

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: AZI075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com

SMPA

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23.02.2024

14.12.2023

17.06.2022

23.02.2029

12.12.2028

14.06.2027

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
ASCO	M/V PROFESSOR AZIZ ALIYEV	Azerbaija n	Oil Tanker	8000	-	-	-	Watch Engineer	22.07.2021	-	-	End of Contract
ASCO	M/V BESTEKAR FIKRAT AMIROV	Azerbaija n	Ro-Ro /Passeng er Ship	4673	-	6894	-	Watch Engineer	15.07.2022	-	-	End of Contract
ASCO	M/V BALAKEN	Azerbaija n	Ro-Ro Cargo Ship	5398		8045	CE	Watch Engineer	19.07.2022	-	-	End of Contract
ASCO	M/V BESTEKAR FIKRAT AMIROV	Azerbaija n	Ro-Ro /Passeng er Ship	4673		6894	-	Watch Engineer	17.11.2022	-	-	End of Contract
ASCO	M/V BESTEKAR FIKRAT AMIROV	Azerbaija n	Ro-Ro /Passeng er Ship	4673		6894	\$	Second Engineer	17.10.2023	-	-	On Board
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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

Generators					
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
Travel Documents					
Name		YES/NO	Country	Date pf	Exp
Schengen		YES/NO	NO	·	
US		YES/NO	NO	-	
China		YES/NO	NO	-	
Australia		YES/NO	NO	-	
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for Γ	Outv)			VES/NO	
Medical Certificate (Fit for D	Outy)	Vaccina	ition	YES/NO	
	Outy)	Vaccina	ition	YES/NO YES/NO	
Yellow Fever COVID-19				YES/NO YES/NO	
Yellow Fever COVID-19				YES/NO YES/NO	
Yellow Fever COVID-19 answer is YES to any of the				YES/NO YES/NO	
Yellow Fever COVID-19 answer is YES to any of the	e above, please give	e full details and att		YES/NO YES/NO	
Yellow Fever COVID-19 answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of	e above, please give ship due to medical peration in the past	e full details and att	ach a separate page if i	YES/NO YES/NO YES/NO YES/NO YES/NO	
Yellow Fever COVID-19 answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	e above, please give ship due to medical peration in the past or during the last 12	e full details and att	ach a separate page if i	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
Yellow Fever COVID-19 answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off	ship due to medical peration in the past or during the last 12 disability problems in	e full details and att	ach a separate page if i	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
Yellow Fever COVID-19 answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication	ship due to medical peration in the past or during the last 12 disability problems in regularly?	e full details and att	ach a separate page if i	YES/NO YES/NO Necessary) YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
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Yellow Fever COVID-19 answer is YES to any of the Medical history Have you ever signed off a Have you undergone any op Have you consulted a docto Do you have any health or o Do you take any medication (If the answer is YES to a	ship due to medical peration in the past or during the last 12 disability problems in the above, plany of the above, plany of the above plane of a court of ensional license suspensional license suspensional	e full details and att	ach a separate page if research as separate sand attach a separate a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
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16	References (Please give the name and address of your current or immediate 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.

Signature

Date:	27.03.2024

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