

# APPLICATION FORM



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Personal ID Number											

<b>Position Applied for: Rating forming part of an engine-room watch</b>	<b>Date Available from: Any time</b>
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1. PersonalData		
<b>Family Name:Mehtiyev</b>	<b>First Name:Azad</b>	<b>Middle Name:</b>
Date of Birth:26.12.1993	Place of Birth: Azerbaijan,Baku	Citizenship: Azerbaijan
Permanent Address: AZERBAIJAN,Baku.Yasamal.2 <sup>nd</sup> Alatava h. 72m		Phone (Home): Phone (Business/ Mobile): +994777633303 E-mail: Lordbaku@mail.ru

2. MaritimeEducation					
Nameofschool	Town	Country	From	To	Type of degree or diploma
Ministry of Transport, Communication and High Technologies of the Republic of Azerbaijan State Maritime Agency	Baku	Azerbaijan			

3. ProfessionalTest		
EnglishTestDate	NameofTest	Score
ProfessionalTestDate	NameofTest	Score
ProfessionalInterviewDate	Result	

4. FamilyDetails	
Civil Status(Single, Married, Separated, Divorced, Widowed) : SINGLE	
Next of Kin (the first emergency contact) : Mehtiyev Aydin	Relationship / Brother
Address of Residence:AZERBAIJAN, Baku	Phone :+994552225526

	Doughter	Son			
<b>FamilyName</b>					
<b>FirstName</b>					
<b>DateofBirth</b>					
<b>Cityofliving</b>					
<b>PhoneNumbers</b>					

## 5. Identity Documents

Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate
Seafarer's identity document	Azerbaijan	AZE020152	Azerbaijan,Baku	22/10/19	22/10/24
TravelPassport	Azerbaijan	C00017706	Azerbaijan ,Baku	14.05.2016	13.05.2026

## 6. ValidVisa

Country or Union	Type	ValidUntil

## 7. Courses Attended and Certificates Obtained

Document	Number	Dates		Place
		Issue	Expiry	
CertificateofCompetency	RP10178	19.10.2020		Azerbaijan ,Baku
MalteseEndorsementof COC				
OilTankerEndorsement				
ChemicalTankerEndorsement				
GasTankerEndorsement				
OilTankerFamiliarizationTraining				
ChemicalTankerFamiliarizationTraining				
GasTankerFamiliarizationTraining				
OilTankersSpecializedTraining				
ChemicalTankerSpecializedTraining				
GasTankerSpecializedTraining				
BasicTrainings	SO-0904-20	17.08.2020	16.08.2025	Azerbaijan, Baku
Proficiency in Survival Craft and Rescue Boats other than fast rescue boats	SL-0632-20	23.08.2020	23.08.2025	Azerbaijan ,Baku
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-awareness training	SI-0414-20	17.08.2020	17.08.2025	Azerbaijan, Baku
MalteseEndorsementof SSO				
ISM Code	SP-0599-20	25.08.2020	25.08.2025	Azerbaijan, Baku
Safety Officer				
ECDIS Training Course				
Risk Assessment Course				
C.O.W./ I.G.S				
Fire Practician Tankers				
Vapour Recovery System				
Unmanned Machinery Space				
FRAMO Familiarization Course				
Cargo Ballast Operations on Oil/Chemical Tankers				
Hazardous Materials				
Welder				

Turner				
Risk Management And Incident Investigation				
Training of seafarers with designatated security duties	SH-0336-20	20.08.2020	19.08.2025	Azerbaijan Baku
Dangerous hazardous and harmful cargoes				
Basic Training and qualifications on oil and chemical tanker cargo operations				

8. PhysicalData	
Height	183 cm
Weight	60 kg
ColourofHair	Black
ColourofEyes	Brown
BoilersuitSize	M
ShoesSize	41

9. MedicalHistory	Yes	No
Have you ever signed off a ship due to medical reasons?		+
Did you undergo any medical operation in the past?	+	
Have you consulted a doctor during the last 12 months for an illness/accident?		+
Do you have any health or disability problems now?		+

If yes, please give full details: Appendectomy-2006
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	Passed:	Validtill:
InternationalMedicalExamination		
VaccinationAgainstYellowFiver	+	
VaccinationAgainstDiphtheria	+	

10. References (please give name and address of your current or past employer)	Officerremarks
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NameofCompany		
Name of person to contact		
Address		
Phone		

NameofCompany		
Name of person to contact		
Address		
Phone		

11. Bankaddressforallotments	
Beneficiary	
AccountNo.	
NameofBank	
BankAddress	

12. Knowledgeandexperience	Yes	No
OCIMF vettingexperience:		

ISGOT knowledge:		
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<b>13. I hereby declare that the above, including Medical History, is true</b>		
Place		

<b>14. ForOfficeuseonly</b>

**15. SeagoingExperience**

Nameofves sel	Flag	Vessel 's Type	DW T	EngT ype	H P	Manageror Owner	Rank	From d/m/y	Tod/m/y	Tota l m/d

Total rank sea service:			Total type of vessel sea service:	
Rank	Years		Typeofvessel	Years
Total			Total:	