

Date Available from: 20.12.2023

## **APPLICATION FORM**

|                    |  |  | A | Z | E | 0 | 3 | 0 | 7 | 3 | 9 |
|--------------------|--|--|---|---|---|---|---|---|---|---|---|
| Personal ID Number |  |  |   |   |   |   |   |   |   |   |   |

Position Applied for: OS A-ll/4

| 1. Personal l        | Data                     |                  |                                 |         |     |                         |        |                  |                 |  |  |
|----------------------|--------------------------|------------------|---------------------------------|---------|-----|-------------------------|--------|------------------|-----------------|--|--|
| Family Nam           | e: Abbasov               | First            | First Name: Yashar Mic          |         |     |                         |        | Middle Name:     |                 |  |  |
| Date of Birth        | : 26.08.2001             |                  | re of Birth (City and Country): |         |     | Citizenship: Azerbaijan |        |                  |                 |  |  |
| Permanent A          | ddress                   |                  |                                 |         |     |                         | e (Hom | *                |                 |  |  |
| Azerbaijan,          | Gusar, Imamo             | qulukend         |                                 |         |     |                         |        | ness/ Mobile) +9 | 94 705396555    |  |  |
|                      |                          |                  |                                 |         |     | E-mai                   | il:    |                  |                 |  |  |
| 2. Maritime          | Education                |                  |                                 |         |     |                         |        |                  |                 |  |  |
|                      | of school                | Town             | Cour                            | ntry I  | ron | n                       | То     | Type of de       | gree or diploma |  |  |
| KAİNAT M Z           | M LLC                    | Baku             | Azerba                          | ijan 20 | 22  | 20                      | 023    | Diploma          |                 |  |  |
|                      |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
|                      |                          |                  | •                               |         |     |                         |        |                  |                 |  |  |
| 3. Profession        |                          |                  | _                               |         |     |                         |        |                  |                 |  |  |
| English Test Date    |                          |                  | Name of Test                    |         |     |                         | Score  | e                |                 |  |  |
| Professional Te      | est Date                 |                  |                                 |         |     |                         | Score  | e                |                 |  |  |
|                      |                          |                  | Name of Test                    |         |     |                         |        |                  |                 |  |  |
|                      |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
| Professional Int     | terview Date             |                  | Result                          |         |     |                         |        |                  |                 |  |  |
|                      |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
| 4. Family De         | etails                   |                  |                                 |         |     |                         |        |                  |                 |  |  |
|                      | e, Married, Separated, D | ivorced, Widowed | l):                             |         |     |                         |        |                  |                 |  |  |
|                      |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
| Next of Kin (the fi  | irst emergency contact)  |                  |                                 |         |     |                         | Relati | onship           |                 |  |  |
|                      |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
| Address of Residence |                          |                  |                                 |         |     |                         | Phone  | :                |                 |  |  |
|                      | Daughter                 | Son              |                                 |         |     |                         |        |                  |                 |  |  |
| Family Name          |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
| First Name           |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
| Date of Birth        |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
| City of living       |                          |                  |                                 |         |     |                         |        |                  |                 |  |  |
| Phone Numbers        |                          |                  |                                 |         |     | _                       |        |                  |                 |  |  |

| 5. Identity Documents |            |            |                |            |             |  |  |  |  |
|-----------------------|------------|------------|----------------|------------|-------------|--|--|--|--|
| Document              | Country    | Number     | Place of Issue | Issue Date | Expiry Date |  |  |  |  |
| Seaman's Book         | Azerbaijan | DQK 025914 | Azerbaijan     | 01.12.2023 | 01.12.2028  |  |  |  |  |
| Travel Passport       | Azerbaijan | C03515068  | Azerbaijan     | 21.10.2023 | 20.10.2033  |  |  |  |  |
| Civil Passport        |            |            |                |            |             |  |  |  |  |

| 6. Valid Visa    |      |             |  |  |  |  |
|------------------|------|-------------|--|--|--|--|
| Country or Union | Type | Valid Until |  |  |  |  |
|                  |      |             |  |  |  |  |
|                  |      |             |  |  |  |  |

| 7. Courses Attended and Certificates Obtained          |                    |            |            |            |  |  |
|--|--------------------|------------|------------|------------|--|--|
| Document   | Number             | Da         | ites       | Place      |  |  |
| Document   | Number             | Issue      | Expiry     | Tiacc      |  |  |
| Certificate of Competency                              | RP13939<br>2507/23 | 22.11.2023 |            | Azerbaijan |  |  |
| Basic training for oil and chemical tanker             |                    |            |            |            |  |  |
| International Safety Management Code                   | SP-3415-23         | 20.10.2023 | 19.10.2028 | Azerbaijan |  |  |
| Training for seafarers with designated security duties | SH-2935-23         | 07.11.2023 | 07.11.2028 | Azerbaijan |  |  |
| Ship Security-related training and instruction         | SI-3291-23         | 20.10.2023 | 20.10.2028 | Azerbaijan |  |  |
| Proficience in survival craft and rescue boats         | SL-3986-23         | 07.11.2023 | 02.11.2028 | Azerbaijan |  |  |
| Basic safety training and instruction                  | SO-5142-23         | 30.10.2023 | 27.10.2028 | Azerbaijan |  |  |
| Gas Tanker Familiarization Training                    |                    |            |            |            |  |  |
| Oil Tankers Specialized Training                       |                    |            |            |            |  |  |
| Chemical Tanker Specialized Training                   |                    |            |            |            |  |  |
| Gas Tanker Specialized Training                        |                    |            |            |            |  |  |
| Basic Trainings  |                    |            |            |            |  |  |
| Proficiency in Survival Craft and Rescue Boats         |                    |            |            |            |  |  |
| Advanced Fire Fighting                                 |                    |            |            |            |  |  |
| Medical First Aid Training                             |                    |            |            |            |  |  |
| Medical First Aid Training and Medical Care            |                    |            |            |            |  |  |
| GMDSS  |                    |            |            |            |  |  |
| GMDSS Endorsement                                      |                    |            |            |            |  |  |
| Radar Observation & Plotting                           |                    |            |            |            |  |  |
| Automatic Radar Plotting Aids Simulator (ARPA)         |                    |            |            |            |  |  |
| Bridge Team Management                                 |                    |            |            |            |  |  |
| Shiphandling & Maneuvering                             |                    |            |            |            |  |  |
| Ship Security Officer Training Course                  |                    |            |            |            |  |  |
| Maltese Endorsement of SSO                             |                    |            |            |            |  |  |
| ISM Code   |                    |            |            |            |  |  |
| Safety Officer   |                    |            |            |            |  |  |
| ECDISTraining Course                                   |                    |            |            |            |  |  |
| Risk Assessment Course                                 |                    |            |            |            |  |  |
| C.O.W./ I.G.S  |                    |            |            |            |  |  |
| Fire Practice on 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 designated security         |                    |            |            |            |  |  |
| duties in compliance with ISPS Code                    |                    |            |            |            |  |  |

| 8. Physical Data                        |                 |                           |               |             |          |  |  |  |
|---|-----------------|---------------------------|---------------|-------------|----------|--|--|--|
| Height                                  |                 | 76                        |               |             |          |  |  |  |
| Weight                                  |                 | 177                       |               |             |          |  |  |  |
| Colour of Hair                          |                 | Black                     |               |             |          |  |  |  |
| Colour of Eyes                          |                 | Brown                     |               |             |          |  |  |  |
| Boilersuit Size                         |                 | 36                        |               |             |          |  |  |  |
| Shoes Size                              |                 | 43                        |               |             |          |  |  |  |
| 9. Medical History                      |                 |                           |               | Yes         | No       |  |  |  |
| Have you ever signed off a ship d       | lue to med      | dical reasons?            |               |             | +        |  |  |  |
| Did you undergo any medical ope         |                 |                           |               |             | +        |  |  |  |
| Have you consulted a doctor duri        |                 |                           | ess/accident? |             | +        |  |  |  |
| Do you have any health or disabi        |                 |                           |               |             | +        |  |  |  |
| If yes, please give full details:       | <del></del>     |                           |               | <u> </u>    | <u> </u> |  |  |  |
| 7 71                                    |                 |                           |               |             |          |  |  |  |
|   |                 |                           |               |             |          |  |  |  |
|   |                 |                           |               |             |          |  |  |  |
|   |                 | Passed:                   |               | Valid till: |          |  |  |  |
| International Medical Examination       | on              | 28.11.2023                |               | 28.11.2025  |          |  |  |  |
| Vaccination Against Yellow Five         | er              |                           |               |             |          |  |  |  |
| Vaccination Against Diphtheria          |                 |                           |               |             |          |  |  |  |
|   |                 |                           |               |             |          |  |  |  |
|   |                 |                           |               |             |          |  |  |  |
| 10. References (please give name and ad | dress of your c | current or past employer) | Office        | remarks     |          |  |  |  |
| Name of Company                         |                 |                           |               |             |          |  |  |  |
| Name of person to contact               |                 |                           |               |             |          |  |  |  |
| Address                                 |                 |                           |               |             |          |  |  |  |
| Phone                                   |                 |                           |               |             |          |  |  |  |
| Name of Company                         |                 |                           |               |             |          |  |  |  |
| Name of person to contact               |                 |                           |               |             |          |  |  |  |
| Address                                 |                 |                           |               |             |          |  |  |  |
| Phone                                   |                 |                           |               |             |          |  |  |  |
|   |                 |                           |               |             |          |  |  |  |
| 11. Bank address for allotments         | S               |                           |               |             |          |  |  |  |
| Beneficiary                             |                 |                           |               |             |          |  |  |  |
| Account No.                             |                 |                           |               |             |          |  |  |  |
| Name of Bank                            |                 |                           |               |             |          |  |  |  |
| Bank Address                            |                 |                           |               |             |          |  |  |  |
| 12. Knowledge and experience            |                 |                           |               | Yes         | No       |  |  |  |
| OCIMF vetting experience:               |                 |                           |               | 2 05        | 110      |  |  |  |
| ISGOT knowledge:                        |                 |                           |               |             |          |  |  |  |
| 13. I hereby declare that the ab        | ove inclu       | ıding Madical Histor      | v is true     | L           |          |  |  |  |
| Place                                   | Date            | ding Medical Histor       | Signatu       | ıre         |          |  |  |  |
|   | 2               |                           | 21811111      |             |          |  |  |  |
|   |                 |                           |               |             |          |  |  |  |
|   |                 |                           |               |             |          |  |  |  |
| 11.77 0.00                              |                 |                           |               |             |          |  |  |  |
| 14. For Office use only                 |                 |                           |               |             |          |  |  |  |
| 14. For Office use only                 |                 |                           | <u> </u>      |             |          |  |  |  |
| 14. For Office use only                 |                 |                           | ,             |             |          |  |  |  |

## 15. Seagoing Experience

| Name of vessel | Flag | Vessel's<br>Type | DWT | Eng Type | HP | Manager or Owner | Rank | From d/m/y | To<br>d/m/y | Total<br>m/d |
|----------------|------|------------------|-----|----------|----|------------------|------|------------|-------------|--------------|
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |
|                |      |                  |     |          |    |                  |      |            |             |              |

## **Total rank sea service:**

| Rank  | Years |
|-------|-------|
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Total |       |

## Total type of vessel sea service:

| Type of vessel | Years |
|----------------|-------|
| OIL TANKER     |       |
| LPG            |       |
| DRY CARGO      |       |
| TANKER ICE     |       |
| OIL /CHEMICAL  |       |
| TANKER         |       |
| FERRY          |       |
| Total:         |       |