

# APPLICATION FORM



Personal ID Number									

Position Applied for: MASTER	Date Available from: 24.02.2024
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<b>1. Personal Data</b>		
Family Name: ASLANOV	First Name: OGTAY	Middle Name: SHAFAGAT
Date of Birth: 24.12.1971	Place of Birth (City and Country): AZERBAIJAN, GUBA	Citizenship: AZERBAIJAN
Permanent Address: AZERBAIJAN, SUMGAYIT, 20/43, MIKROGION 9		Phone (Home): +994 70 571 30 31 Phone (Business/ Mobile): +994 50 501 30 31 E-mail:

<b>2. Maritime Education</b>					
Name of school	Town	Country	From	To	Type of degree or diploma
Azerbaijan State Academy	Baku	Azerbaijan	1992	2000	Bachelor
Astrakhan State Technical University	Astrakhan	Russia	2012	2018	Bachelor

<b>3. Professional Test</b>		
English Test Date:	Name of Test: Marlin test	Score
Professional Test Date:	Name of Test: Marlin test	Score
Professional Interview Date:	Result: Normal	

<b>4. Family Details</b>	
Civil Status(Single, Married, Separated, Divorced, Widowed): MARRIED	
Next of Kin (the first emergency contact): ORKHAN	Relationship: SON
Address of Residence: AZERBAIJAN, SUMGAYIT, 20/43, MIKROGION 9	Phone : +994 70 850 31 32

	Son				
Family Name	ASLANZADA				
First Name	ORKHAN				
Date of Birth					
City of living	Azerbaijan, Baku				
Phone Numbers	+994 70 850 31 32				

<b>5. Identity Documents</b>					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	Azerbaijan	DQK 026650	Baku, Azerbaijan	03.02.2024	03.02.2029
Travel Passport	Azerbaijan	C03490749	Baku, Azerbaijan	01.05.2021	30.04.2031
Seafarers Identity Document	Azerbaijan	AZE031526	Baku, Azerbaijan	03.02.2024	03.02.2029

<b>6. Valid Visa</b>		
Country or Union	Type	Valid Until

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency (master on ships of 3000 gross or more)	000144/24	19.02.2024	14.09.2027	Azerbaijan
Proficiency in Survival Craft and Rescue Boats	SL-0242-23	24.01.2023	19.01.2028	Azerbaijan
Training in Advanced Fire Fighting	SJ-0520-23	18.04.2023	13.04.2028	Azerbaijan
Medical First Aid	SN-0927-21	24.12.2021	23.12.2026	Azerbaijan
Medical Care on Board	SM-0316-21	20.12.2021	15.12.2026	Azerbaijan
Advanced training for oil tanker cargo operations	SB-0171-19	05.11.2019	05.11.2024	Azerbaijan
Proficiency in fast rescue boats	SU-0071-22	18.03.2022	18.03.2027	Azerbaijan
Updating	XS-1204-22	21.09.2022	14.09.2027	Azerbaijan
GMDSS GOC	DQ-0438-23	22.08.2023	22.08.2028	Azerbaijan
Radar Course Certificate	SQ-0148-21	30.04.2021	30.04.2026	Azerbaijan
Bridge Resource Management	SW-0246-22	24.05.2022	16.05.2027	Azerbaijan
Shiphandling & Maneuvering	SV-0179-22	31.05.2022	31.05.2027	Azerbaijan
Ship Security Officer	SG-0083-23	15.03.2023	15.03.2028	Azerbaijan
ISM Code	SP-0242-23	24.01.2023	12.01.2028	Azerbaijan
Dangerous, Hazardous and harmful cargoes	SK-0487-23	07.08.2023	07.08.2028	Azerbaijan
Leadership and Teamwork	DL-0449-22	04.04.2022	14.03.2027	Azerbaijan
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	SZ-0346-20	23.11.2020	23.11.2025	Azerbaijan
Training for seafarers with designated security duties	SH-0541-23	03.03.2023	03.03.2028	Azerbaijan
Basic training and qualifications on oil and chemical tanker cargo operations	SA-0263-20	18.12.2020	18.12.2025	Azerbaijan

8. Physical Data	
Height	170 sm
Weight	88 kg
Colour of Hair	Brown
Colour of Eyes	Brown
Boilersuit Size	
Shoes Size	

9. Medical History	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:

	Passed:	Valid till:
International Medical Examination		
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

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

Name of Company		
Name of person to contact		
Address		
Phone		

<b>11. Bank address for allotments</b>	
Beneficiary	
Account No.	
Name of Bank	
Bank Address	

<b>12. Knowledge and experience</b>	<b>Yes</b>	<b>No</b>
OCIMF vetting experience:		
ISGOT knowledge:		

<b>13. I hereby declare that the above, including Medical History, is true</b>		
Place	Date	Signature

<b>14. For Office use only</b>

## 15. Seagoing Experience

[illegible]

**Total rank sea service:**

[illegible]**Total type of vessel sea service:**

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