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APPLICATION FORM

1	Position	identity card PIN Number 6AUN8GN
	Position Applied for:	Officer in Charge of an Engineering Watch
	Date Available from:	-

Personal Information	Gender: Male			
First Name: RAMIZ	Last Name: IBRAHIMOV			
Date of Birth: 11.05.1998	Place of Birth (City and Country): Azerbaijan, BARDA			
Email: ramizibrahimov616@gmail.com	Mobile Number: (+994) 51 561 21 70			
Permanent Address: Baku city, Azerbaijan	Expected Salary Per Month: 3000\$			
Nationality: Azerbaijan	Alternative rank applying for: 4th Engineer			
4 th Engineer Person to call in emergency: (+994) 50 550 62 79 Brother				

3	Family Details: (If Unmarried kindly give details of Father / Mother)								
	First Name	Last Name	Gender	Relation	Contact				
	Yunis	Ibrahimov	Male	Brother	+994 50 550 62 79				

Name of school	Country	From	То	Type of degree diploma
Azerbaijan State Marine Academy	Azerbaijan	2015	2019	Bachelor

Physical Data	
Height	178
Weight	80
Boilersuit Size	L
Shoes Size	42
Blood group	O(I)RH+

Seaman's Book & Identify 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 Manage Technical Mar Ship Brokering Surveying & M New Building &	nagement I onitoring	Ship A Exclus Bunka	& Purchasing Agency sive Cargo Brokerinç er Supply nical Services			

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

Seaman Book	Azerbaijan	DQK	020841	26.07.2022	Aze	erbaijan	26.07.2027
Certificate of Competency	Azerbaijan	0008134		27.03.2024	Aze	erbaijan	27.03.2029
Republic of Azerbaijan	Azerbaijan	C02	684583	30.06.2019	Azerbaijan		29.08.2029
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa 'B1/B2'?		YES/NO	NO	Issue Date:	Issue Date: - E		Date:-
Have you been rejecte	YES/NO	NO					
If YES, please state the country and reasons				-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

9

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-3609-22 SMPA 09.08.2022 08.08.2027 **FIRE PREVENTION & FIRE FIGHTING** Azerbaijan SO-3609-22 **SMPA** 09.08.2022 08.08.2027 Azerba<u>ij</u>an SMPA ELEMENTARY FIRST AID SO-3609-22 09.08.2022 08.08.2027 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-3609-22 **SMPA** 09.08.2022 08.08.2027 SO-3609-22 SAFETY FAMILIARIZATION TRAINING **SMPA** 09.08.2022 08.08.2027 Azerbaijan International Safety Management Azerbaijan SP-2329-22 **SMPA** 03.08.2022 03.08.2027 Proficiency in Survival Craft & Rescue **SMPA** SL-2206-22 02.08.2022 02.08.2027 Azerbaijan **Boats** Security Awareness Training For All SI-1956-22 SMPA 16.08.2022 16.08.2027 Azerbaijan Seafarers Security Training For Seafarers With SH-1537-22 SMPA 12.08.2022 12.08.2027 Azerbaijan **Designated Security Duties** Azerbaijan ER-0042-24 SMPA 06.02.2024 06.02.2029 **Engine Resource Management** SMPA 25.01.2024 Azerbaijan DL-0044-24 25.01.2029 Leadership & Teamwork SMPA 31.01.2024 31.01.2029 **Advanced Training in Fire Fighting** Azerbaijan SJ-0080-24 Basic training and qualifications on oil SA-0573-22 **SMPA** 15.08.2022 05.08.2027 Azerbaijan and chemical tanker cargo operations: Advanced training for oil tanker cargo SB-0028-24 **SMPA** 16.02.2024 16.02.2029 Azerbaijan operations (Crude oil washing system) Dangerous , hazardous and harmful

Azerbaijan

Azerbaijan

SK-0133-24

SN-0009-24

SMPA

SMPA

01.03.2024

11.01.2024

Ship Management ISM&ISPS Management **Ship Agency** Consultations Provision, Ship Supply

cargoes

Medical Firs Aid

Yacht Management **Technical Management** Ship Brokering Surveying & Monitoring **New Building & Repair**

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

23.02.2029

11.01.2029

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

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 BABEK	Azerbaija n	Tanker	1300 0	Wartsila	7813	-	Motorman	15.06.2016	15.08.2016	2 month	End of Contract
ASCO	M/V DEDE GORGID	Azerbaija n	Tanker	1300 0	Wartsila	7813	-	Motorman	20.02.2023	20.06.2023	3 month 12 day	End of Contract
ASCO	M/V BALAKEN	Azerbaija	Ro-Ro	8045	5S26MC	8045		3 RD Engineer	20.10.2023	20.12.2023	2 month	End of Contract
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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**

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Purifiers and Boilers	-			
Type of Cranes / No of Reefer Containers	-			
Other Experience				
-				
Travel Documents				
Name	YES/NO	Country		f Expire
Schengen	YES/NO YES/NO	NO NO		<u>-</u>
US China	YES/NO YES/NO	NO		<u>-</u>
Australia	YES/NO	NO		-
Insurance ,Health Related Doo	cumentation			
Medical Certificate (Fit for Duty)			YES/NO	Y
Yellow Fever	Vaccin	nation	YES/NO	1
COVID-19			YES/NO	Y
Medical history				
Medical history Have you ever signed off a ship	due to medical reasons?		YES/NO	ı
Have you ever signed off a ship Have you undergone any operat	tion in the past?		YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du	tion in the past? ring the last 12 months for an illno	ess/accident?	YES/NO YES/NO	l
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab	tion in the past? ring the last 12 months for an illno oility problems now?	ess/accident?	YES/NO YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications re	tion in the past? ring the last 12 months for an illno oility problems now?		YES/NO YES/NO YES/NO YES/NO	! !
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications re	tion in the past? ring the last 12 months for an illno illity problems now? gularly?		YES/NO YES/NO YES/NO YES/NO	1 1 1
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications re	tion in the past? ring the last 12 months for an illno illity problems now? gularly?		YES/NO YES/NO YES/NO YES/NO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications rec (If the answer is YES to any of General Have you ever been the subject	tion in the past? ring the last 12 months for an illne oillity problems now? gularly? of the above, please give full deta	nils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	0
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications re (If the answer is YES to any of	tion in the past? ring the last 12 months for an illne oillity problems now? gularly? of the above, please give full deta	nils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	0
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications rec (If the answer is YES to any of General Have you ever been the subject Have you ever had a professional	tion in the past? ring the last 12 months for an illne oillity problems now? gularly? of the above, please give full deta	nils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	0
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications rec (If the answer is YES to any of General Have you ever been the subject Have you ever had a professional	tion in the past? ring the last 12 months for an illne oillity problems now? gularly? of the above, please give full deta of a court of enquiry or involved in all license suspended or revoked?	nils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	0

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16	References (Please give the na	ame and address of your current or immediate pa	est 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:	06.04.2024	
	•		
Signature			

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