



APPLICATION FORM

	C	O	O	K						
Personal ID Number										

Position Applied for	Date Available from:
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1. Personal Data		
Family.Name JAYIRKHANOV	First Name: RENAT	Middle Name: FIZULI
Date of Birth: 25.12.1987	Place of Birth (City and Country): AZERBAIJAN, GUSAR	Citizenship: AZERBAIJAN
Permanent Address AZERBAIJAN		Phone (Whatsapp): +994708402941 Phone (Business/ Mobile) E-mail:

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
'KAINAT M ZM" LLC	BAKU	AZERBAIJAN	15.05.2023	04.11.2023	

3. Professional Test		
English Test Date	Name of Test	Score
Professional Test Date	Name of Test	Score
Professional Interview Date	Result	

4. Family Details					
Civil Status(Single, Married, Separated, Divorced, Widowed) : Married					
Next of Kin (the first emergency contact).				Relationship ; brother : RAMIK : +994709424338	
Address of Residence AZERBAIJAN				Phone :	
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 027159 AZE027376	BAKU, SMA	13.03.2024	13.03.2029
Travel Passport	Azerbaijan	C04129323	MINISTRY OF INTERNAL AFFAIRS	10.04.2024	09.04.2034
Civil Passport	Azerbaijan	AA4756950	QUSAR RPSH	-----	05.02.2033

6. Valid Visa		
Country or Union	Type	Valid Until

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	0436/24	29.02.2024	N/A	State Maritime and Port Agency
Maltese Endorsement of COC				
Oil Tanker Endorsement				
Chemical Tanker Endorsement				
Gas Tanker Endorsement				
Oil Tanker Familiarization Training				
Chemical Tanker Familiarization Training				
Gas Tanker Familiarization Training				
Basic training and qualifications on oil and chemical tanker cargo operations				
Chemical Tanker Specialized Training				
Gas Tanker Specialized Training				
Safety familiarisation, basic training and instruction	SO-0062-24	12.01.2024	12.01.2029	State Maritime and Port Agency
Proficiency in Survival Craft and Rescue Boats	SL-0140-24	19.10.2024	18.01.2029	State Maritime and Port Agency
Advanced Fire Fighting				
Medical First Aid Training				
Medical First Aid Training and Medical Care				
GMDSS				
GMDSS Endorsement				
Radar Observation & Plotting				
Radar Navigation Plotting and use of ARPA				
Bridge Resource Management				
Shiphandling & Maneuvering				
Ship Security-related familiarization security-awareness training	SI-0077-24	09.01.2024	30.12.2028	State Maritime and Port Agency
Maltese Endorsement of SSO				
ISM Code	SP-4175-23	29.12.2023	29.12.2028	State Maritime and Port Agency
Safety Officer				
ECDIS Training Course				
Risk Assessment Course				
Leadership and Teamwork				
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 for seafarers with designated security duties	SH-3531-23	27.12.2023	27.12.2028	State Maritime and Port Agency

8. Physical Data	
Height	178
Weight	73
Colour of Hair	Black
Colour of Eyes	Mixed
Boilersuit Size	XL
Shoes Size	43

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

If yes, please give full details:

	Passed:	Valid till:
International Medical Examination	25.07.2023	25.07.2025
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		

11. Bank address for allotments	
Beneficiary	
Account No.	
Name of Bank	
Bank Address	

12. Knowledge and experience	Yes	No
OCIMF vetting experience:		
ISGOT knowledge:		

13. I hereby declare that the above, including Medical History, is true		
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Place :	Date	Signature
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14. For Office use only

15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank	From d/m/y	To d/m/y	Total 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:	