Date:

Citizen ID:

A. SEAMAN'S APPLICATION FORM								
Rank (License held)			***Position Applying for***					
Surname	BERK	*First Name*	REMZI	*Middle Name*				
Date of Birth	28/02/1962	*Place of Birth*	PAZAR	*Nationality*	TURKISH			
Address	FAHRETTIN KERIM GOKAY CADDESI BESTEKAR LEYLA SK BARIS AP 14 DIRE 8 ZIVERBEY KADIKOY ISTANBUL							
CellPhone No.	05325876204	*Landline No.*		*Email Address:*	REMBERK@HOTMAIL.COM			
Father's Name	RECEP		*Mother's Name*	MINURE				
Highest Educational Attainment	LISANS		*School*	ITU DENIZCILIK FAKULTESI				
Marital Status	X☐ *YES* ☐ *NO*				*Skype :*	*REMOS62..*		
Name of Beneficiary	*AYLA BERK*			*Relation*	*Yakınlık derecesini giriniz.*			
Address	*FAHRETTIN KERIM GOKAY CAD BESTEKAR LEYLA SK BARIS AP NO14 D 8 ZIVERBEY KADIKOY ISTANBUL*				*Contacts*	*05374932198*		
Seaman's Book No.	*S00304578*	*Placed Issued*	ISTANBUL	*Date Issued*	29/09/2020	*Date Valid*	29/09/2025	
Passport no.	*U23590983*	*Placed Issued*	ISTANBUL	*Date Issued*	23/09/2020	*Date Valid*	23/09/2030	
USA VISA	*Type:*		*Date Issued :*	dd/mm/yy	*Date Valid :*	dd/mm/yy		
Schengen VISA	*Type:*		*Date Issued :*	dd/mm/yy	*Date Valid :*	dd/mm/yy		
Other Countries VISA	*Type:*		*Date Issued :*	dd/mm/yy	*Date Valid :*	dd/mm/yy		
English Ability	☐ *Very Good*	X☐ *Good*	☐ *Fair*	☐ *Poor*				
Height (cm)	*178*	*Weight (kg)*	*103*	*Date of Military Service:1987*				

B. DOCUMENTATION			
Documents	*Placed Issued*	*Date Issued*	*Date Expire*
Personnel Survival Techniques Training Certificates		dd/mm/yy	dd/mm/yy
Elementary First Aid Training Certificate		dd/mm/yy	dd/mm/yy
Fire Prevention and Fire Fighting Training Certificate	ISTANBUL	17/06/2020	17/06/2025
Personnel safety and Social Responsibility Training Certificate	istanbul	17/06/2020	17/06/2025
Proficiency İn Survival Craft and Rescue Boats (other than fast rescue boats)	istanbul	17/06/2020	17/06/2025
Radar Observation and Plotting Training Certificates		dd/mm/yy	
Plotting Aids (ARPA) Training Certificate		dd/mm/yy	
ECDIS		dd/mm/yy	
BRM		dd/mm/yy	
ERM	istanbul	28/01/2014	
Medical First Aid Training Certificate	istanbul	09/01/2024	
Medical Care Training Certificate	istanbul	17/06/2020	17/06/2025
Advanced Fire Fighting Training Certificate		dd/mm/yy	dd/mm/yy
Ship Security Officer Certificate		dd/mm/yy	dd/mm/yy
Designated Security Duties Certificate0		dd/mm/yy	
Security Awareness Certificate	istanbul	09/01/2024	
Security –Related Familirazition Certificate	istanbul	09/01/2024	
Oil Tanker Familiariztion Certificate		dd/mm/yy	dd/mm/yy
Specialized Training Programme on Oil Tanker Oper. Cert.		dd/mm/yy	dd/mm/yy

Chemical Tanker Familiariztion Certificate		dd/mm/yy	dd/mm/yy
Specialized Training Prog. on chemical Tanker Oper. Cert.		dd/mm/yy	dd/mm/yy
Liquefid Gas Tanker Familiariztion Certificate		dd/mm/yy	dd/mm/yy
Specialized Training Prog. on Liquefid Gas Tanker Oper. Cert.		dd/mm/yy	dd/mm/yy

Documents	*Placed Issued*	*Date Issued*	*Date Expire*
COC (CERTIFICATE OF COMPETENCE) – Number: *6 haneli olmalıdır.*		dd/mm/yy	dd/mm/yy
GMDSS (GOC-ROC-REO)(mark) - Number: *6 haneli olmalıdır.*		dd/mm/yy	dd/mm/yy
Vaccination Certificate	ISTANBUL	29/02/2016	
Drug & Alcohol Test		dd/mm/yy	dd/mm/yy
Pre-employment Medical Examination		dd/mm/yy	dd/mm/yy
Fast Rescue Boat		dd/mm/yy	dd/mm/yy
Training for Passenger Vessels		dd/mm/yy	dd/mm/yy
Medical Examination Certificate	**ANTALYA**	11/01/2024	11/01/2026
Course Attended			
TYPE OF SPECIFIC ECDIS (FURUNO,JRC,TRANSAS ETC.) : *Daha önce çalışmış olduğunuz ve sertifikası bulunan ECDIS tiplerini yazınız.*			

C. ENDORSEMENTS				
Flag	*Rank*	*Number*	*Date Issue*	*Date of Expire*
MARSHALL	CHIEF ENG	433392	26/05/2016	16/02/2021
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy

D. PREVIOUS SEA SERVICE FOR TANKERS								
Rank	*Master*	*C/O*	*2/O*	*3/O*	*C/E*	*2/E*	*3/E*	*4/E*
Years								
With Operator								
Years In Rank								
Type Of Tanker								
All Types of Tanker								

PARAGRAPH D WILL BE COMPLETED BY THE CREW OPERATOR BEFORE SENDING FOR APPROVAL TO SPECIFIC TANKER PRINCIPALS, THE YEARS WILL BE THE AGGREGATE OF BOTH PAIRS OF OFFICERS INDICATED (MASTER & C/O, C/E & 2/E, ETC

E. PREVIOUS SEA SERVICE (Start with the latest)

☐ Ex- Crew ☐ New Crew

Company	*Vessel Name & Flag*	*Engine Type & BHP*	*DWT*	*Vessel Type & Year Built*	*Rank*	*Date Embarked (dd/mm/yy)*	*Date Disembarked (dd/mm/yy)*	*Cause of Discharge*
NUVO SHIPPING	SSI FORMIDABLE	YMD-MAN BW 5S60 ME-C8.2 8050 KW	63510	2017	.	07/04/2018	15/10/2018	FINISH CONTRAD
FELICITAS SHIPPING	SSI DIGNITY	HUNDAI MAN BW 6S60 ME-C8.2 9930 KW	81220	2014		21/03/2017	22/10/2017	FINISH CONTRAD

VENTRA SHIPPING	SSI EXCELLENT	HUNDAI MAN BW 6S60 ME C8-2 9930 KW	81119	2016		27/08/2016	14/02/2017	FINISH CONTRAD
CHARTELWEEL	MV STAR NADZIYE	MAN BW S60ME-C 9800 KW	82083	2019		07/07/2019	18/12/2019	FINISH CONTRAD
RHOSUS SHIPPING FML MANAGMENT	M.V ATA M	SULZEL RTA 7700 KW	55254	2001		05/10/2020	22/07/2021	FINISH CONTRAD
INCE DENIZCILIK	INCE AKDENIZ	MAN BW 9480	32983	2001		27/11/2021	29/05/2022	FINISH CONTRAD
HAKAN SHIPPING	M.V MUSA OBA	SULZER RTA 7000 KW		2001		30/12/2022	29/05/2023	FINISH CONTRAD

Remarks: ***EN SON HİZMET EN ÜSTTE OLMALIDIR. LÜTFEN BÜTÜN DENİZ HİZMETLERİNİZİ SIRAYLA BELİRTİNİZ.SUTUN EKLEYEBİLİRSİNİZ.***

F. PREVIOUS EMPLOYER			
Employer's Name			
Date Appointed		*Position*	
Allowance, if any			

Reason for leaving: _____

Does your employer know your leaving? _____

When would you able to enter our company? ***HAZIR OLDUGUNUZ TARIHI VE BEKLEYEBİLECEĞİNİZ TARİHİ YAZINIZ.***

Any previous ILLNESS? _____ If YES, State the illness: _____

SAĞLIK DURUMU İLE AYRILDIYSANIZ, NEDENİNİ LÜTFEN PAYLAŞINIZ.

CHARACTER REFERENCE FROM PREVIOUS COMPANY:

*Two persons **other that relatives** to whom we can refer regarding yourself.*

Name:	*MUSA CIBIROGLU*	*Name:*	
Company	*ATLANTIS SHIPPING*	*Company*	
Address		*Address*	
Tel/Cell No.	*05322251818*	*Tel/Cell no.*	
Period known:		*Period Known:*	

18.01.2024
Date

Signature