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## APPLICATION FORM

1	Position	identity card PIN Number 614BBYR					
	Position Applied for:	Officer in charge of a navigational watch					
	Date Available from:	-					

**Personal Information** Gender: Male First Name: BAKHTIYAR Last Name: AHADZADA Date of Birth: 09.07.1995 Place of Birth (City and Country): Azerbaijan, BAKU Mobile Number: (+994) 70 730 90 50 Email: bexti09@gmail.com Permanent Address:30, Uzeyir Hajibeyov **Expected Salary Per** street, Masazir Village, Baku, Azerbaijan Month:2600-2800\$ Nationality: Azerbaijan Alternative rank applying for: 2<sup>ND</sup> Officer Person to call in emergency: (+994) 51 992 99 69 Brother

3	Family Details: (If Unmarrie	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Fariz	Ahadzada	Male	Brother	+994519929969

**Maritime Education** Type of degree or Name of school **Country** From To diploma 2012 Azerbaijan State Azerbaijan 2016 Bachelor Marine Academy

**Physical Data** 170 Height 92 Weight XXL **Boilersuit Size** 42-43 Shoes Size A(II)RH+ Blood group Additional Physical Information: (You can write any other information you want to add about your physique in this field.)

Seaman's Book & Id	lentify 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 Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

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

Seaman Book	Azerbaijan	DQK 021644		13.10.2022	Azerbai	jan	13.10.2027	
Certificate of Competency	Azerbaijan	0007552		08.08.2022	Azerbai	jan	08.08.2027	
Republic of Azerbaijan	Azerbaijan	C02986762		08.10.2022	Azerbaijan		07.10.2032	
Republic of Vanuatu	Vanuatu	453163		15.11.2022	Vanuatu		08.08.2027	
Do you hold a US Visa	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -	
Do you hold a US Visa 'B1/B2'?		YES/NO NO		Issue Date:	- Expiry		Date:-	
Have you been rejected for any visa applied for?				YES/NO	NO	NO		
If YES, please state the country and reasons				-				

## **Professional Test**

Professional Test Date	Name of Test	Score
-	-	-

## License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	Guinea-Bissau	GBI-A024	17.10.2023
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-4175-23	SMPA	11.08.2023	28.07.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4175-23	SMPA	11.08.2023	28.07.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4175-23	SMPA	11.08.2023	28.07.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4175-23	SMPA	11.08.2023	28.07.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4175-23	SMPA	11.08.2023	28.07.2028
International Safety Management	Azerbaijan	SP-0482-24	SMPA	01.03.2024	01.03.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3003-23	SMPA	09.08.2023	02.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2520-23	SMPA	11.08.2023	07.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0044-20	SMPA	23.01.2020	23.01.2025
Ship Security Officer	Azerbaijan	-	SMPA	-	-
Leadership & Teamwork	Azerbaijan	-	SMPA	-	-
Advanced Training in Fire Fighting	Azerbaijan	SJ-0476-22	SMPA	22.04.2022	21.04.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	-	SMPA	-	-
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	-	SMPA	-	-
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	-	SMPA	-	-
Medical First Aid	Azerbaijan	SN-1222-23	SMPA	11.08.2023	21.07.2028
Medical Care	Azerbaijan	SM-0359-23	SMPA	08.08.2023	21.07.2028
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0074-22	SMPA	04.02.2022	01.02.2027
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0090-22	SMPA	17.02.2022	17.02.2027
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0080-21	SMPA	11.03.2021	11.03.2026
Bridge Resource Management	Azerbaijan	SW-0252-20	SMPA	08.10.2020	08.10.2025

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## **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
MY SHIP GROUP	M/V MY EFEKAN 1	Vanuatu	General Cargo Ship	-		1246	-	2 <sup>ND</sup> Officer	17.11.2022	03.05.2023	6 month	End of Contract
WESHIPS DENIZCILIK AND TIC	M/V VULIN	Barbados	General Cargo Ship	2625	Deutz	1662		2 <sup>ND</sup> Officer	01.07.2023	29.07.2023	29 Day	-
EVEREST SHIPPING COMPANY	N/V EVEREST	Guinea Bissau	General Cargo Ship	1475	Stork	1132	-	2 <sup>ND</sup> Officer	03.10.2023	06.02.2024	4 month 3 day	End of Contract
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Yacht Management **Technical Management** Ship Brokering Surveying & Monitoring New Building & Repair

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

Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
_					
Travel Documents					
Name		YES/NO	Country	Date	pf Expire
Schengen		YES/NO	NO		-
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related	l Documentation				
Medical Certificate (Fit for D				YES/NO	YE
	• • • • • • • • • • • • • • • • • • • •	Vaccin	ation	1 20,110	1
Yellow Fever				YES/NO	N
COVID-19				YES/NO	YE
e answer is YES to any of the	e above, please give	e full details and at	tach a separate page if n	necessary)	
e answer is YES to any of the	e above, please give	e full details and at	tach a separate page if n	necessary)	
e answer is YES to any of the	e above, please give	e full details and at	tach a separate page if n	necessary)	
Medical history  Have you ever signed off a	ship due to medical	reasons?	tach a separate page if n	YES/NO	
Medical history  Have you ever signed off a Have you undergone any o	ship due to medical peration in the past?	reasons?		YES/NO YES/NO	NO NO
Medical history  Have you ever signed off a  Have you undergone any o  Have you consulted a doctor	ship due to medical peration in the past? or during the last 12	reasons? ? months for an illne		YES/NO YES/NO YES/NO	NO NO
Medical history  Have you ever signed off a Have you undergone any o Have you consulted a doctor Do you have any health or	ship due to medical peration in the past? or during the last 12 disability problems n	reasons? ? months for an illne		YES/NO YES/NO YES/NO YES/NO	N N N
Medical history  Have you ever signed off a  Have you undergone any o  Have you consulted a doctor	ship due to medical peration in the past? or during the last 12 disability problems n ns regularly?	reasons? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	No No No
Medical history  Have you ever signed off a Have you undergone any o Have you consulted a docto Do you have any health or Do you take any medication	ship due to medical peration in the past? or during the last 12 disability problems n ns regularly?	reasons? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	No No No
Medical history  Have you ever signed off a Have you undergone any o Have you consulted a docto Do you have any health or Do you take any medication	ship due to medical peration in the past? or during the last 12 disability problems n ns regularly?	reasons? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	No No
Medical history  Have you ever signed off a Have you undergone any o Have you consulted a doctor Do you have any health or Do you take any medication  (If the answer is YES to a  General  Have you ever been the sub	ship due to medical peration in the past? or during the last 12 disability problems not regularly? any of the above, place of a court of encore and the same of th	reasons? ? months for an illne now? ease give full detai	ess/accident?  ils and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	No No
Medical history  Have you ever signed off a Have you undergone any o Have you consulted a docto Do you have any health or Do you take any medication  (If the answer is YES to	ship due to medical peration in the past? or during the last 12 disability problems not regularly? any of the above, place of a court of encore and the same of th	reasons? ? months for an illne now? ease give full detai	ess/accident?  ils and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N
Medical history  Have you ever signed off a Have you undergone any o Have you consulted a doctor Do you have any health or Do you take any medication  (If the answer is YES to a  General  Have you ever been the sub	ship due to medical peration in the past? or during the last 12 disability problems not regularly? any of the above, please of a court of ensional license suspensional	reasons?  months for an illne now?  ease give full detain  quiry or involved in ended or revoked?	ess/accident?  ils and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N
Medical history  Have you ever signed off a Have you undergone any o Have you consulted a doctor Do you have any health or Do you take any medication  (If the answer is YES to a  General  Have you ever been the sub Have you ever had a profes	ship due to medical peration in the past? or during the last 12 disability problems not regularly? any of the above, please of a court of ensional license suspensional	reasons?  months for an illne now?  ease give full detain  quiry or involved in ended or revoked?	ess/accident?  ils and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N

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16	References (Please give the name and address of your current or immediate past 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.

Signature

Date:	22.04.2024

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