



APPLICATION FORM

1	Position	identity card PIN Number 5ZTEZ0S
	Position Applied for:	Officer in charge of an Engineering Watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: NURLAN	Last Name: HUSEYINLI
Date of Birth: 09.03.1995	Place of Birth (City and Country): Azerbaijan, BAKU
Email: Huseynoff_010@mail.ru	Mobile Number: (+994) 55 849 63 53
Permanent Address: Surakhani district, Baku city, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)						
	First Name	Last Name	Gender	Relation	Contact		
	Hikmet	Huseynov	Male	Father	+994 50 615 90 85		

4	Maritime Education								
	Name of school	Country	From	То	Type of degree or diploma				
	Azerbaijan State Marine Academy	Azerbaijan	2017	2021	Bachelor				

Height	170
Weight	70
Boilersuit Size	M
Shoes Size	41
Blood group	B(III)RH+

6 Seaman's Book & Identify Docs

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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

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF I	SSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 018866		11.12.2021	Azerbaijan		11.12.2026
Certificate of Competency	Azerbaijan	000	07719	25.01.2023	Azerbaijan		25.01.2028
Republic of Azerbaijan	Azerbaijan	C03365912		14.01.2024	Azerbaijan		13.01.2034
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO NO		Issue Date:	-	Expiry	Date:-	
Have you been rejected for any visa applied for?				YES/NO	NO		
If YES, please state the	he country and reas	-					

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)	-	-	-
Flag State Endorsements	-	-	-

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Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-2793-21	SMPA	26.10.2021	15.10.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2793-21	SMPA	26.10.2021	15.10.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-2793-21	SMPA	26.10.2021	15.10.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2793-21	SMPA	26.10.2021	15.10.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2793-21	SMPA	26.10.2021	15.10.2026
International Safety Management	Azerbaijan	SP-1842-21	SMPA	06.10.2021	06.10.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1798-21	SMPA	25.10.2021	21.10.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-1267-21	SMPA	29.10.2021	22.10.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1305-22	SMPA	14.07.2022	14.07.2027
Crisis management and human behaviour training	Azerbaijan	SE-0091-22	SMPA	17.08.2022	17.08.2027
Leadership & Teamwork	Azerbaijan	DL-1212-22	SMPA	29.07.2022	29.07.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1255-22	SMPA	08.09.2022	07.09.2027
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-1039-22	SMPA	22.08.2022	19.08.2027
Crowd management training	Azerbaijan	SC-0193-21	SMPA	08.10.2021	08.10.2026
Eugenie-room resource management	Azerbaijan	ER-0519-22	SMPA	26.08.2022	26.08.2027

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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
ASCO	M/V ORDUBAD	Azerbaija n	Passenge r/Ro-Ro Cargo Ship	3950	6K45GF CA	11450		Motorman	02.02.2022	10.05.2022	3 month	End of Contract
ASCO	M/V GARABAG	Azerbaija n	Ro-Ro Cargo Ship	5985	MAN	8547	CE	Motorman	05.08.2022	28.12.2022	4 month	End of Contract
ASCO	M/V AGDAM	Azerbaija n	Ro-Ro Cargo Ship	5946	MAN	8547		Watch Engineer	02.04.2023	02.08.2023	4 month	End of Contract
ASCO	M/V RASUL RZA	Azerbaija n	General Cargo Ship	5454	MAK	4182		Watch Engineer	05.09.2023	10.12.2023	4 month	End of Contract
ASCO	M/V AGDAM	Azerbaija n	Ro-Ro Cargo Ship	5946	MAN	8547	\$	Watch Engineer	21.01.2024	20.05.2024	4 month	On Board
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11	For Engineers	(Please	provide d	etails)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

English Language : Middle Russian Language : Middle Turkish Language : Excellent

12 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	-

13 Insurance ,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	YES

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

14 Medical history

mounds: motory		
Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	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
Do you take any medications regularly?		NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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General		
Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

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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:	06.05.2024

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