



APPLICATION FORM

1	Position	identity card PIN Number 79TZJAS			
	Position Applied for:	Rating forming part of an engine -room watch			
	Date Available from:	-			

Personal Information Gender: Male 2 **First Name: LATIF Last Name: GULIYEV** Date of Birth: 15.02.2002 Place of Birth (City and Country): Azerbaijan, GUBA Mobile Number: (+994)70 404 44 03 Email: ltifq86@gmail.com Permanent Address: Khanegah village, Expected Salary Per Month: -Guba district, Azerbaijan Nationality: Azerbaijan Alternative rank applying for: Fitter Person to call in emergency: (+994) 70 608 96 36 Father

Family Details: (If Unmarried kindly give details of Father / Mother) 3 Gender Relation **Last Name** First Name Contact +994 70 608 96 36 Bahadur Guliyev Male Father

Maritime Education Type of degree or Name of school **Country** From To diploma 07.2023 Kainat Maritime Azerbaijan 02.2024 Course MMC

Physical Data 180 Height 71 Weight XL **Boilersuit Size** 43 Shoes Size O(I)RH+ Blood group Additional Physical Information: (You can write any other information you want to add about your physique in this field.)

6 Seaman's Book & Identify Docs DATE OF **DOCUMENT COUNTRY NUMBER DATE OF ISSUE PLACE OF ISSUE**

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

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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**

EXPIRY

Seaman Book	Azerbaijan	DQK	027817	27.04.2024	Azerb	aijan	27.04.2029
Certificate of Competency	Azerbaijan	RP14839		03.04.2024	Azert	oaijan	-
Republic of Azerbaijan	Azerbaijan	C03534985		04.10.2021	Azert	oaijan	03.10.2031
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	ne country and reas	sons		-			

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	-	-	-

STCW Certificates & Trainings Training Date Of Certificate No. **Date Issued** Courses **Issued Country Expiry** Center PERSONAL SURVIVAL TECHNICS SO-0480-24 SMPA 23.02.2024 23.02.2029 Azerbaijan FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-0480-24 **SMPA** 23.02.2024 23.02.2029 SMPA 23.02.2024 23.02.2029 **ELEMENTARY FIRST AID** Azerbaijan SO-0480-24 PERSONAL SAFETY & SOCIAL RESPONSIBILITY SO-0480-24 SMPA 23.02.2024 23.02.2029 Azerbaijan SMPA 23.02.2029 SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-0480-24 23.02.2024 **International Safety Management** SP-0302-24 SMPA 09.02.2024 09.02.2029 Azerbaijan Proficiency in Survival Craft & Rescue SL-4431-23 **SMPA** 13.12.2023 13.12.2028 Azerbaijan **Boats** Security Awareness Training For All SI-0637-24 **SMPA** 01.03.2024 Unlimited Azerbaijan Seafarers Security Training For Seafarers With SH-3478-23 **SMPA** 21.12.2023 15.12.2028 Azerbaijan Designated Security Duties Basic training and qualifications on oil SA-1041-23 SMPA 19.12.2023 14.12.2028 Azerbaijan and chemical tanker cargo operations;

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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
-	-	-	-	-	-	-	-	-	-	-	-	-
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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

11	For Engineers (Please prov	ride details)
	Generators	-
	Purifiers and Boilers	-
	Type of Cranes / No of	

Other Experience

Reefer Containers

Azerbaijan Language: Excellent English Language : Poor

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	-

Insurance, Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccinat	ion	
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)

Medical history		
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?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	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 person to contact	-	-
Address	-	-
☎ No.	-	-

17 De	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:	13.05.2024
Signature		

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