



Application Form

Section 1

<i>Position Applied for</i>	Motorman
<i>Lowest Position Acceptable</i>	Motorman
<i>Date of Availability</i>	Any time

Section 2 Personal Details

<i>Family name / Surname</i>	BABAYEV		
<i>First Name / Given Name</i>	VALEH		
<i>Date & Place of Birth</i>	Date: 09.08.1990 Place: Gusar, Azerbaijan		
<i>Nationality</i>	Azerbaijan		
<i>Permanent Address</i>	Azerbaijan, Gusar region		
<i>Present Address</i>	Azerbaijan, Gusar region, Siyaku		
PPE information	<u>SAFETY SHOES SIZE</u>	43	<u>COVERALL SIZE</u> M
<i>Present Contact Number</i>			
<i>Mobile Number</i>	+994 55 932 45 65		
SKYPE ADDRESS	N/A		
<i>Email Address</i>	babayev.valeh932@gmail.com		
<i>Nearest Airport (and Distance)</i>	Haydar Aliyev Baku International (GYD)		

Section 3 Passport and VISA details

<i>Country of Issue</i>	Azerbaijan / Baku	<i>USA Visa - Type</i>	
<i>Date Issued</i>	20.06.2017	<i>USA VISA Expires</i>	
<i>Place Issued</i>	Azerbaijan	<i>USA Visa - Type</i>	
<i>Passport Number</i>	C01517323	<i>USA VISA Expires</i>	
<i>Passport –Expires</i>	19.06.2027	<i>Other Country Visa</i>	
<i>Secondary passport or Dual nationality</i>	N/A	<i>Visa Expiry</i>	

Section 4 (hi-light as required) Seaman book / Discharge book / Seaman Record Book / CDC

<i>Issuing Country & Place</i>	Azerbaijan	<i>Date Issued</i>	10.01.2024
<i>Number</i>	DQK 026362	<i>Expiry Date (if any)</i>	10.01.2029

Section 5 Next of Kin – this is important information we require- Don't ignore it

<i>Full Name / Relationship</i>	Babayev Feyzullah, father
<i>Any dependents / Children (incl age)</i>	Not any
<i>Address</i>	Gusar, Azerbaijan

Contact Numbers	+994 70 338 65 00
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Section 6 STCW95 Highest Certificate of Competency / Licence Held (also list Flag State Endorsements)

Class / Grade/Capacity	Issuing Country	Certificate No.	Date Issued	Expiry	Details of Limitations
Rating forming part of an engine-room watch	Azerbaijan, Baku	2806/23	28.12.2023	-----	A-II/4

ALSO ENTER ABOVE DETAILS OF ANY OTHER FLAG STATE CERTIFICATES HELD

Section 7 STCW95 Dangerous Cargo Endorsements

	Certificate No.	Date Issued	Expires	Details of Limitations/ Grade
<u>Petroleum.....</u>				
<u>Liquefied Gas.....</u>				
<u>Liquid Chemicals.....</u>				

Section 8 STCW95 related Courses Attended and Certificates Obtained

Name of Course / Certificate	STCW Code	Place	Issue Date	Cert No	Expiry Date
Mandatory minimum requirements for familiarization, basic safety training and instruction for all seafarers	A-VI/1-1, A-VI/1-2, A-VI/1-3, A-VI/1-4	Baku, Azerbaijan	13.10.2023	SO-5049-23	09.10.2028
Proficiency in survival craft and boats other than fast rescue boats	A-VI/2-1,2,3,4	Baku, Azerbaijan	13.10.2023	SL-3826-23	13.10.2028
International safety Management Code	SOLAS IX	Baku, Azerbaijan	29.09.2023	SP-3307-23	29.09.2028
Ship Security-related training and instructing	A-IV/6, 1-4	Baku, Azerbaijan	13.10.2023	SI-3249-23	03.10.2028
Training for seafarers with designated security duties	A-IV/6-2	Baku, Azerbaijan	13.10.2023	SH-2758-23	02.10.2028
Crude Oil washing and inert gas system	A-V/1-1, B-V/1-1	Baku, Azerbaijan		SA-	

Section 9 OFFSHORE INDUSTRY COURSES

Please enter below any other certificates held or courses done, ie offshore, DP certs etc or Any other not already mentioned

Name of Course / Certificate	APPROVALS	Place	Issue Date	Cert No	Expiry
OFFSHORE MEDICALS (UK, NORWAY or NETHERLAND)	Uniklinika	Baku, Azerbaijan	20.09.2023	N/A	20.09.2025
Languages	Speaking	Reading	Writing		
Azerbaijan	Good	Good	Good		
Turkish	Good	Good	Good		
English	Good	Good	Good		
Russian	Good	Good	Good		
DP Maintenance Courses					

Section 11 Medical History

	YES	NO
Have you ever signed off a ship due medical reason?		x
Have you undergone any medical operations in past?		x
Have you consulted a doctor during the past 12 months for an illness / Accident		x
Do you have any health or disability problem now?		x
Have you ever had a professional licence suspended or revoked		x

Section 13 References (Last Two Recent Employers)			
Name of company			
Name Person to be contacted			
Address			
Tel No		Fax	
Email			
Name of company			
Name Person to be contacted			
Address			
Tel No		Fax	
Email			
Section 14 Any other information, you wish to add in support of your application			
<u>Section 15 Declaration</u>			
I hereby declare that the above particulars are true and I authorize you to contact the referees listed above And confirm that All my certificates / Licences are Authentic / SEASERVICE RECORD is ACCURATE / And I confirm accepting Companies DRUG & ALCOHOL Policy			

Vessel	Company	Type of vessel	Flag	DWT	GRT	Rank	Sign on

