## **APPLICATION FORM**

Position Applied for Rating forming part of a navigational watch						Date Available from:				
1. Personal l	Data Data									
Family Nam	e Huseynov	F	irst l	Name Etibar		Mid	dle Na	me: Alakbar		
Date of Birth	:01.10.2000			of Birth (City and Country):  MKİR ,AZERBAIJAN			Citizenship:AZERBAIJANI			
Permanent A	ddress <b>shamki</b>		SHLI Pho			Phone (Home): Phone (Business/ Mobile)+994516261896 E-mail:				
2. Maritime	Education									
Name o	of school	Town	1	Country	Fror	n	То	Type of de	gree or diploma	
"KAİNAT M	ZM" LLC			azerbaijan						
3. Profession	nal Test									
English Test Da				Name of Test		Score				
Professional Te	st Date			Name of Test			Score			
Professional Int	erview Date			Result						
4. Family De	ntaila									
	, Married, Separated, I	Divorced, Wid	lowed)	:						
Next of Kin (the fi	Next of Kin (the first emergency contact)  Relationship									
Address of Residen	ce						Phone	:		
	Daughter	Son								
Family Name First Name										
Date of Birth										
City of living										
Phone Numbers										
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5. Identity Documents								
Document	Country	Number	Place of Issue	Issue Date	Expiry Date			
Seaman's Book	Azerbaijan	DQK025131	State of maritime	21.09.2023	31.09.2028			
Scalliali S Dook			administration					
Travel Passport	Azerbaijan	C03880143	MIA	11.11.2021	10.11.2031			
Civil Passport	Azerbaijan	AA4992230	ASAN-GƏNCƏ	17.05.2023	17.05.2033			

6. Valid Visa						
Country or Union	Type	Valid Until				

7. Courses Attended and Certificates Obtained						
Document	Number	Da	tes	- Place		
Document	Number	Issue	Expiry	Trace		
Certificate of Competency/Sailor	1958/23	05.09.2023		AZERBAIJAN		
Maltese Endorsement of COC						
Oil Tanker Endorsement						
Chemical Tanker Endorsement						
Gas Tanker Endorsement						
Oil Tanker Familiarization Training						
Chemical Tanker Familiarization Training						
Gas Tanker Familiarization Training						
Oil Tankers Specialized Training						
Chemical Tanker Specialized Training						
Gas Tanker Specialized Training						
Basic Trainings	SO-4414-23	23.08.2023	14.08.2028	AZERBAIJAN		
Proficiency in Survival Craft and Rescue Boats	SL-3077-23	15.08.2023	15.08.2028	AZERBAIJAN		
Advanced Fire Fighting						
Medical First Aid Training						
Medical First Aid Training and Medical Care						
GMDSS						
GMDSS Endorsement						
Radar Observation & Plotting						
Automatic Radar Plotting Aids Simulator (ARPA)						
Bridge Team Management						
Shiphandling & Maneuvering						
Ship Security Officer Training Course	SH-2173-23	11.08.2023	10.08.2028	AZERBAIJAN		
Maltese Endorsement of SSO						
ISM Code	SP-2755-23	16.08.2023	09.08.2023	AZERBAIJAN		
Safety Officer						
ECDISTraining Course						
Risk Assessment Course						
C.O.W./ I.G.S						
Fire Practice on Tankers						
Vapour Recovery System						
Unmanned Machinery Space						
FRAMO Familiarization Course						
Cargo Ballast Operations on Oil/Chemical Tankers						
Hazardous Materials						
Welder						
Turner						
Risk Management And Incident Investigation						
Training of seafarers with designated security duties in compliance with ISPS Code	Sİ-2592-23	17.08.2023	11.08.2028	AZERBAIJAN		

Height   176   85   Colour of Hair   BLACK   Colour of Eyes   BROWN   Statement   Statemen	8. Physical Data							
Colour of Hair Colour of Eyes BROWN Boilersuit Size XI. Shoes Size  9. Medical History Have you ever signed off a ship due to medical reasons? Have you consulted a doctor during the last 12 months for an illness/accident? Have you consulted a doctor during the last 12 months for an illness/accident? Have you consulted a doctor during the last 12 months for an illness/accident? Have you consulted a doctor during the last 12 months for an illness/accident? Have you consulted a doctor during the last 12 months for an illness/accident? Have you consulted a doctor during the last 12 months for an illness/accident? Have you consulted a doctor during the last 12 months for an illness/accident? Have you can be found the last 12 months for an illness/accident? Have you can be found the last 12 months for an illness/accident? Have you can be last 12 months for an illn	Height	176						
Colour of Eyes   BROWN   Boilersuit Size   XL	Weight		85					
Boilersuit Size	Colour of Hair		BLACK					
Shoes Size   42	Colour of Eyes		BROWN					
Have you ever signed off a ship due to medical reasons?	Boilersuit Size		XL					
Have you ever signed off a ship due to medical reasons?	Shoes Size		42					
Have you ever signed off a ship due to medical reasons?					1		1	
Did you undergo any medical operation in the past?  Have you consulted a doctor during the last 12 months for an illness/accident?  + Hoo you have any health or disability problems now?    Passed:   Valid till:		Yes	S					
Have you consulted a doctor during the last 12 months for an illness/accident?							+	
Do you have any health or disability problems now?  If yes, please give full details:    Passed:   Valid rill:								
Passel:   Valid till:				ccident?				
Passed:   Valid till:		ty proble	ems now?				+	
International Medical Examination Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address of your current or past employer)  Name of Company Name of person to contact Address Phone  Name of Company Name of person to contact Address Phone  11. Bank address for allotments Beneficiary Account No. Name of Bank Bank Address  12. Knowledge and experience ISGOT knowledge:  13. I hereby declare that the above, including Medical History, is true Place  Date  Office remarks  Office remarks  Nofice remarks  Nofice remarks  Nofice remarks  Nofice remarks  Nofice remarks  Poffice remarks  Vers  Nofice remarks  Name of Company Name of Company Name of Company Name of Person to contact Address  Phone  12. Knowledge and experience Nofice remarks  Nofice remarks  Nofice remarks  Nofice remarks  Nofice remarks  Nofice remarks  Nofice remarks  Nofice remarks  Nofice remarks  Name of Company Name of Date Signature	If yes, please give full details:							
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Address Phone  Name of Company Name of person to contact Address Phone  11. Bank address for allotments Beneficiary Account No. Name of Bank Bank Address  12. Knowledge and experience								
Name of Company   Name of person to contact   Address   Phone								
Name of Company Name of person to contact Address Phone  11. Bank address for allotments Beneficiary Account No. Name of Bank Bank Address  12. Knowledge and experience OCIMF vetting experience: ISGOT knowledge:  13. I hereby declare that the above, including Medical History, is true Place Date Signature								
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OCIMF vetting experience:  ISGOT knowledge:  13. I hereby declare that the above, including Medical History, is true  Place  Date  Signature	Bank Address							
OCIMF vetting experience:  ISGOT knowledge:  13. I hereby declare that the above, including Medical History, is true  Place  Date  Signature	10 Yz 1 1 1 1 1				<b>T</b> 7		B.T.	
ISGOT knowledge:  13. I hereby declare that the above, including Medical History, is true  Place  Date  Signature					Yes		No	
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14. For Office use only	Place	Date		Signatu	ire			
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	14. For Office use only							

## 15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
L KOCATEPE	TANZANİA	RORO CARGO	6265		2x2350	SİLVERLİNE SHİPPİNG CO.LTD	Sailor	21.10.2023	20.03.2024	

**Total rank sea service:** 

## Total type of vessel sea service:

Rank	Years
Sailor	1
Total	1

Type of vessel	Years
OIL TANKER	
LPG	
DRY CARGO	1
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	1