



## APPLICATION FORM

1	<b>Position</b>		<b>identity card PIN Number 6BXTWRF</b>
	<b>Position Applied for:</b>	Rating forming part of a navigational watch	
	<b>Date Available from:</b>	-	

2	<b>Personal Information</b>		<b>Gender: Male</b>
	<b>First Name: DILAVAR</b>	<b>Last Name: RZAZADA</b>	
	Date of Birth: 23.01.1998	Place of Birth (City and Country): Azerbaijan, BAKU	
	Email: <a href="mailto:dilaver.rzayev.97@gmail.com">dilaver.rzayev.97@gmail.com</a>	Mobile Number: (+994) 51 468 97 23	
	Permanent Address: Mehdi Huseyinzada street , Shagan settl, Khazar district , Baku , Azerbaijan	Expected Salary Per Month: 1200\$-1500\$	
	Nationality: Azerbaijan	Alternative rank applying for:-	
<b>Person to call in emergency: (+994) 55 980 71 00 Father</b>			

3	<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
	<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
	Elshan	Rzayev	Male	Father	+994 55 980 71 00

4	<b>Maritime Education</b>				
	<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
	KASPIAN EDUCATION CENTER	Azerbaijan	07.2023	12.2023	Course

5	<b>Physical Data</b>	
	Height	<b>174</b>
	Weight	60
	Boilersuit Size	M
	Shoes Size	42
	Blood group	B(III)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}		

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

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**Seaman`s Book & Identify Docs**

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 026542		25.01.2024	Azerbaijan		25.01.2029
Certificate of Competency	Azerbaijan	RP14296		17.01.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C04008462		10.01.2024	Azerbaijan		09.01.2034
Do you hold a US Visa '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		
If YES, please state the country and reasons				-			

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**Professional Test**

Professional Test Date	Name of Test	Score
-	-	-

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**License**

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

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**STCW Certificates & Trainings**

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4695-23	SMPA	11.09.2023	06.09.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4695-23	SMPA	11.09.2023	06.09.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4695-23	SMPA	11.09.2023	06.09.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4695-23	SMPA	11.09.2023	06.09.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4695-23	SMPA	11.09.2023	06.09.2028
International Safety Management	Azerbaijan	SP-3055-23	SMPA	11.09.2023	11.09.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3472-23	SMPA	18.09.2023	18.09.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2901-23	SMPA	08.09.2023	08.09.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2779-23	SMPA	13.09.2023	13.09.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0745-23	SMPA	07.09.2023	07.09.2028

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chamanzamanli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

(Please give a full record starting with the last vessel on which you served)

[illegible]

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**For Engineers (Please provide details)**

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

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**Other Experience**

English Language : Average  
 Turkish Language : Excellent  
 Azerbaijan Language : Excellent

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**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	-

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**Insurance ,Health Related Documentation**

Medical Certificate (Fit for Duty)	YES/NO	YES
<b>Vaccination</b>		
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)

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**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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**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.	-	-

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**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: 21.05.2024

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