



APPLICATION FORM

1	Position identity card PIN Number 7G9SUVJ				
	Position Applied for:			Rating forming part of an engine-room watch	
	Date Available from:			-	

2	Personal Information Gender: Male				
	First Name: UMID		Last Name: HAJIYEV		
	Date of Birth: 25.06.2003		Place of Birth (City and Country): Azerbaijan, BAKU		
	Email: umidhaciyevev555@icloud.com		Mobile Number: (+994) 50 967 49 47		
	Permanent Address: E. Ahmadov street , M.A.Rasulzada settl, Binagadi district, Baku, Azerbaijan		Expected Salary Per Month: 1000\$		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 70 379 00 53 Father				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Alasgar	Hajiyev	Male	Father	+994 70 379 00 53

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	KASPIAN EDUCATION CENTER	Azerbaijan	07.2023	01.2023	Course

5	Physical Data	
	Height	186
	Weight	82
	Boilersuit Size	L
	Shoes Size	43
	Blood group	O(I)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

6

Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 027894	03.05.2024	Azerbaijan	03.05.2029
Certificate of Competency	Azerbaijan	RP14398	02.02.2024	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03423999	17.12.2023	Azerbaijan	16.12.2033
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	-				

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

License

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

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-5683-23	SMPA	08.12.2023	08.12.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5683-23	SMPA	08.12.2023	08.12.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5683-23	SMPA	08.12.2023	08.12.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5683-23	SMPA	08.12.2023	08.12.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5683-23	SMPA	08.12.2023	08.12.2028
International Safety Management	Azerbaijan	SP-3756-23	SMPA	27.11.2023	24.11.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4287-23	SMPA	01.12.2023	30.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3995-23	SMPA	15.12.2023	15.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3329-23	SMPA	13.12.2023	13.12.2028

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzamanli 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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11 For Engineers (Please provide details)

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

12 Other Experience

Turkish Language : Excellent
English Language ; Middle

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

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)

15 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

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: 22.05.2024

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