



APPLICATION FORM

1	Position identity card PIN Number 23644832912				
	Position Applied for:			Boatswain	
	Date Available from:			-	

2	Personal Information Gender: Male				
	First Name: TALAT		Last Name: POLAT		
	Date of Birth: 22.05.1973		Place of Birth (City and Country): Turkey, ISLAHIYE		
	Email: talat.mka.polat@gmail.com		Mobile Number: (+90) 505 103 25 07		
	Permanent Address: Pinar settl, Street No_56 , Esenyurt/Istanbul		Expected Salary Per Month: 25004		
	Nationality: Turkish		Alternative rank applying for: -		
	Person to call in emergency: (050) 767 752 99 Wife				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Menel	Polat	Female	Wife	050 767 752 99

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	-	-	-	-	-

5	Physical Data	
	Height	165
	Weight	72
	Boilersuit Size	M
	Shoes Size	41
	Blood group	ORH-
	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					
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
<div style="display: flex; justify-content: space-between;"> <div> Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply </div> <div> Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair </div> <div> Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services </div> </div>						
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						

Seaman Book	Turkey	S 00348046		08.12.2021	Turkey		08.12.2026
Certificate of Competency	Turkey	10642534		08.12.2021	Turkey		08.12.2026
Republic of Turkey	Turkey	U25026056		14.09.2021	Turkey		14.09.2031
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
Navigational Watchkeeping Certificate	Turkey	11752458	TR	08.12.2021	08.12.2026
Personal Safety and Social Responsibility Training Certificate	Turkey	11752457	TR	08.12.2021	20.09.2026
Security Related Familiarization Certificate	Turkey	11752456	TR	08.12.2021	08.12.2026
Security Awareness Certificate	Turkey	11752455	TR	08.12.2021	08.12.2026
Designated Security Duties Certificate	Turkey	11752452	TR	08.12.2021	08.12.2026
Proficiency in Survival Craft and Rescue Boats Certificate	Turkey	11752453	TR	08.12.2021	20.09.2026
Personal Survival Techniques Training Certificate	Turkey	11752454	TR	08.12.2021	20.09.2026
Fire Prevention and Fire Fighting Training Certificate	Turkey	11752460	TR	08.12.2021	20.09.2026
Elementary First Aid	Turkey	11752459	TR	08.12.2021	20.09.2026
Certificate of Proficiency in Basic Training for oil and Chemical Tanker Cargo Operations	Turkey	11840918	TR	21.04.2022	07.03.2027

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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11 For Engineers (Please provide details)

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

12 Other Experience

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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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.

Date: 22.05.2024

Signature

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