



APPLICATION FORM

1	Position		identity card PIN Number 6KLS394
	Position Applied for:	Officer in charge of a navigational watch	
	Date Available from:	-	

2	Personal Information		Gender: Male
	First Name: SHAHIN	Last Name: SAFARLI	
	Date of Birth: 07.06.2001	Place of Birth (City and Country): Azerbaijan , LANKARAN	
	Email: shahinsafarli01@gmail.com	Mobile Number: (+994) 50 976 96 66	
	Permanent Address: Tutapeshta village, Lankaran district, Azerbaijan	Expected Salary Per Month: 4000\$	
	Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 425 10 80 Sister			

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Arzu	Safarli	Female	Sister	+994 50 425 10 80

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2018	2022	Bachelor

5	Physical Data	
	Height	187
	Weight	66
	Boilersuit Size	M
	Shoes Size	42
	Blood group	A(II)RH-
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

Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management
Technical Management
Ship Brokering
Surveying & Monitoring
New Building & Repair

Sale & Purchasing
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Bunker Supply
Technical Services

Seaman Book	Azerbaijan	DQK 027645		18.04.2024	Azerbaijan		18.04.2029
Certificate of Competency	Azerbaijan	0007892		21.07.2023	Azerbaijan		21.07.2028
Republic of Azerbaijan	Azerbaijan	C03111314		07.12.2019	Azerbaijan		06.12.2029
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-1698-24	SMPA	10.05.2024	03.05.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1698-24	SMPA	10.05.2024	03.05.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-1698-24	SMPA	10.05.2024	03.05.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1698-24	SMPA	10.05.2024	03.05.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1698-24	SMPA	10.05.2024	03.05.2029
International Safety Management	Azerbaijan	SP-1148-24	SMPA	19.04.2024	19.04.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2523-22	SMPA	29.08.2022	29.08.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1559-24	SMPA	17.04.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1728-22	SMPA	02.09.2022	02.09.2027
Medical First Aid	Azerbaijan	SN-0775-23	SMPA	17.05.2023	17.5.2028
Leadership & Teamwork	Azerbaijan	DL-0440-23	SMPA	23.05.2023	23.05.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0669-23	SMPA	26.05.2023	26.05.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0623-22	SMPA	25.08.2022	25.08.2027
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0218-22	SMPA	16.03.2022	13.01.2027
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0141-22	SMPA	09.03.2022	06.01.2027
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0137-22	SMPA	02.03.2022	17.01.2027
Bridge Resource Management	Azerbaijan	SW-0227-23	SMPA	22.05.2023	22.05.2028

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 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

Russian Language :B1
English Language : C1

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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
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)

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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)*

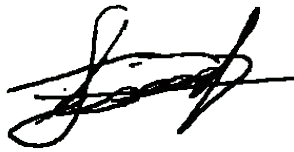
Name of company	1.-	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

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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: 23.05.2024

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