



APPLICATION FORM

1	Position identity card PIN Number 6JK0NL5				
	Position Applied for:			Rating forming part of a navigational watch	
	Date Available from:			-	
2	Personal Information Gender: Male				
	First Name: IBARAT		Last Name: NARIMANOV		
	Date of Birth: 03.03.1999		Place of Birth (City and Country): Azerbaijan, LERIK		
	Email: ibaretnerimanov45@gmail.com		Mobile Number: (+994) 50 381 75 79		
	Permanent Address: Haftonu village, Lerik district ,Azerbaijan		Expected Salary Per Month: 14004		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 51 6034525 Brother				
3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Shahriyar	Narimanov	Male	Brother	+994 51 603 45 25
4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Kainat Maritime MMC	Azerbaijan	07.2021	01.2022	Course
5	Physical Data				
	Height		163		
	Weight		55		
	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.}				
6	Seaman`s Book & Identify Docs				

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 018882		14.12.2021	Azerbaijan		14.12.2026
Certificate of Competency	Azerbaijan	RP11215		12.04.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03773929		18.01.2022	Azerbaijan		17.01.2032
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-0929-22	SMPA	09.03.2022	09.03.2022
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0929-22	SMPA	09.03.2022	09.03.2022
ELEMENTARY FIRST AID	Azerbaijan	SO-0929-22	SMPA	09.03.2022	09.03.2022
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0929-22	SMPA	09.03.2022	09.03.2022
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0929-22	SMPA	09.03.2022	09.03.2022
International Safety Management	Azerbaijan	SP-0611-22	SMPA	16.03.2022	16.03.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0579-22	SMPA	14.03.2022	14.03.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0463-22	SMPA	10.03.2022	10.03.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0351-22	SMPA	18.03.2022	18.03.2027

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

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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 :Good
Azerbaijan Language : Excellent

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.

Signature

Date: 27.05.2024

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