

Family Name
First Name
Date of Birth
City of living
Phone Numbers

## **APPLICATION FORM**

Position Applied for:	Elect	Date Available from:Any time						
1. Personal Data								
Family Name:Mollayev		Fat	her Nam	e: Rashad				
Date of Birth: 03.07.1998  Place of Birth (City and Country): Azerbaijan, Nakhchivan						izenship:	Azerbaijani	
Permanent Address:Azerbaijan/Sabunchu						Phone (Home): Phone (Business/ Mobile): +99455-701- 57-11 E-mail ibrahimmollayev2@gmail.com		
2. Maritime Education								
Name of school		Town	Country	Fro	m	То	Type of degree or diploma	
Azerbaijan State Marine Academy	Bak	u	Azerbaijan	201	.5	2019	Bachelor	
3. Professional Test								
English Test Date		Na	me of Test			Score		
Professional Test Date  Name of Test					Score			
Professional Interview Date		Res	sult					
4. Family Details								
Civil Status(Single, Married, Separate Single	d, Divo	rced, Widowed) :						
Next of Kin (the first emergency contact)						Relation Father	-	
Address of Residence						Phone :	+99455-744-40-49	
Daughter		Son						

5. Identity Documents										
Document	Country	Number	Place of Issue	Issue Date	Expiry Date					
Seaman's Book	Azerbaijan	AZE024195	Azerbaijan State Maritime and Port Agency	04/02/22	04/02/27					
Travel Passport	Azerbaijan	C02944684	Ministry of Internal Affairs	24.09.2020	23.09.2030					

6. Valid Visa								
Country or Union	Туре	Valid Until						

7. Courses Attended and Certificates Obtained									
Document	Number		D	ates	Place				
<u> Document</u>	Number		Issue	Expiry	1 1000				
Certificate of Competency	ID 0008164	24.04	4.2024	24.04.2029	Azerbaijan State Maritime and Port Agency				
Maltese Endorsement of COC									
Oil Tanker Endorsement									
Chemical Tanker Endorsement									
Gas Tanker Endorsement									
Oil Tanker Familiarization Training									
Chemical Tanker Familiarization Training									
Gas Tanker Familiarization Training									
Oil Tankers Specialized Training									
Safety familiarization initial traning and guidance for all seafarers	SO-0030-22	13.01	2022	13.01.2027	Azerbaijan State Maritime and Port Agency				
Leadership and Teamwork	DL-0196-24	03.04	4.2024	28.03.2029	Azerbaijan State Maritime and Port Agency				
Training for seafarers with designated security duties									
Proficiency in Survival Craft and Rescue Boats	SL-0018-22	07.01	2022	07.01.2027	Azerbaijan State Maritime and Port Agency				
Advanced Fire Fighting	SJ-0239-24	07.0	3.2024	07.03.2029	Azerbaijan State Maritime and Port Agency				
Medical First Aid Training	SN-0252-24	06.03	3.24	-	Azerbaijan State Maritime and Port Agency				
Medical First Aid Training and Medical Care									
Crisis management and human behaviour traning									
Safe operation and maintenance of high voltage systems 1000 volts or more	DM-0067-24	05.04	4.2024	05.04.2029	Azerbaijan State Maritime and Port Agency				

Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator				
(ARPA)				
Bridge Team Management				
Shiphandling & Maneuvering				
Ship Security-related familiarization security-awareness training	SI-1006-22	06.05.2022	05.05.2027	Azerbaijan State Maritime and Port Agency
Maltese Endorsement of SSO				
ISM Code	SP-1280-22	12.05.2022	06.05.2027	Azerbaijan State Maritime and Port Agency
Safety Officer				
Training for seafarers with designated security duties in compliance with ISPS code	SH-0008-22	05.01.2022	29.12.2026	Azerbaijan State Maritime and Port Agency
Risk Assessment Course				
Crowd management traning				
Fire Practice on Tankers				
Passenger safety,cargo safety and hull integrity traning				
<u>Unmanned Machinery Space</u>				
FRAMO Familiarization Course				
Engine resurce management				
Dangerous, hazardous and harmfull cargoes				
Welder				
Turner				
Risk Management And Incident				
Investigation				
		1		

8. Physical Data	
<u>Height</u>	1.67
Weight	70
Colour of Hair	<u>Black</u>
Colour of Eyes	Mixed
Boilersuit Size	L
Shoes Size	42

9. Medical History	Yes	No
Have you ever signed off a ship due to medical reasons?		
Did you undergo any medical operation in the past?		
Have you consulted a doctor during the last 12 months for an		
illness/accident?		
Do you have any health or disability problems now?		

If yes, please give full details:								
		Passed:	Valid till:					
International Medical Examination	n							
Vaccination Against Yellow Five								
Vaccination Against Diphtheria	_							
			1					
10. References (please give name and add	dress of y	our current or past employer)	Office remarks					
Name of Company								
Name of person to contact								
Address								
Phone								
Name of Company								
Name of person to contact								
Address								
Phone								
11. Bank address for allotments								
Beneficiary								
Account No.								
Name of Bank								
Bank Address								
Dank Address								
12. Knowledge and experience			Yes	No				
OCIMF vetting experience:								
ISGOT knowledge:								
13. I hereby declare that the above, including Medical History, is true								
	Date		Signature					
				_				

## 14. For Office use only

## 15. Seagoing Experience

Name of vessel	Flag	Vesse l's Type	DW T	Eng Type	H P	Manag er or Owner	Rank	From d/m/y	To d/m/y	Total m/d
M/V "YEBA"	Panam a	Gener al Cargo	804 9	WARTSILA 6R32LN		Bakan Denizcili k	Electricia n	12.08.2 022	26.10.20 22	2m,1 6d
M/V "YEBA"	Panam a	Gener al Cargo	804 9	WARTSILA 6R32LN		Bakan Denizcili k	Electricia n	09.08.2 023	20.02.20 24	6m,1 1d

## Total rank sea service: Total type of vessel sea service:

Rank	Years	Type of vessel	Years
		OIL TANKER	
		LPG	
		DRY CARGO	
		TANKER ICE	
		OIL /CHEMICAL TANKER	
		FERRY	
Total		Total:	