



EXPIRY

APPLICATION FORM

1	Position	identity card PIN Number 7C39CCP
	Position Applied for:	Electro Technical Rating
	Date Available from:	17.02.2024

ast Name: MAMMADOV
ast maine. MAMMADO y
lace of Birth (City and Country): Azerbaijan, ZAGATALA
Iobile Number: (+994) 51 499 72 24
xpected Salary Per Month:
200\$
lternative rank applying for: -
2

3	Family Details: (If Unmarri	ed kindly give details of Fathe	er / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Galib	Mammadov	Male	Father	+994 51 517 63 71
	Calil	Isgandarov	Male	Friend	+994 51 333 98 88

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

Physical Data	
Height	180
Weight	80
Boilersuit Size	L
Shoes Size	43
Blood group	O(I)RH+

6		Seaman's Book & Id	lentify Docs				
	•	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF

Ship Management Sale & Purchasing Yacht Management ISM&ISPS Management Technical Management Ship Agency **Ship Agency Ship Brokering Exclusive Cargo Brokering** Bunker Supply Consultations Surveying & Monitoring Provision, Ship Supply New Building & Repair Technical Services

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

Seaman Book	Azerbaijan	DQK	025945	05.12.2023	Azerl	oaijan	05.12.2028
Certificate of Competency	Azerbaijan	RP	10669	16.11.2021	Azerl	oaijan	-
Republic of Azerbaijan	Azerbaijan	C03	391283	30.12.2021	Azerl	oaijan	29.12.2031
Do you hold a US Vis	a ' C1/D' ?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a ' B1/B2' ?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been rejecte	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state th	ne country and rea	sons		-			

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	-	-	-

STCW Certificates & Trainings Training Date Of Certificate No. **Date Issued Issued Country** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-0273-24 **UAG** 31.01.2024 26.01.2029 FIRE PREVENTION & FIRE FIGHTING 26.01.2029 Azerbaijan SO-0273-24 UAG 31.01.2024 Azerbaijan SO-0273-24 UAG 31.01.2024 26.01.2029 **ELEMENTARY FIRST AID** SO-0273-24 UAG PERSONAL SAFETY & SOCIAL RESPONSIBILITY 31.01.2024 26.01.2029 Azerbaijan SAFETY FAMILIARIZATION TRAINING UAG 31.01.2024 Azerbaijan SO-0273-24 26.01.2029 Azerbaijan International Safety Management SP-0138-24 UAG 19.01.2024 19.01.2029 Proficiency in Survival Craft & Rescue SL-2949-23 UAG 09.08.2023 09.08.2028 Azerbaijan **Boats** Security Awareness Training For All SI-3935-23 UAG 15.12.2023 08.12.2028 Azerbaijan Seafarers Security Training For Seafarers With SH-2166-23 UAG 11.08.2023 10.08.2028 Azerbaijan **Designated Security Duties** Basic training and qualifications on oil SA-1037-23 UAG 19.12.2023 14.12.2028 Azerbaijan and chemical tanker cargo operations;

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

Seagoing Experience

(Please give a full record starting with the last vessel on which you served)

COMPANY	Name of vessel	Flag	Vessel' s Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
ASCO	PROFESSOR GUL	AZERBAIJAN	RO-RO /Passenger ship	3950	2×6K45GFC A×4350kW	11450	-	Probationer	09.01.19	10.26.19	2 month 56 days	-
ASCO	GULTEKIN ASGAROVA	AZERBAIJAN	Offshore Supply Ship	1367	2×6ZL40/48- *Zulzer* 2×2650kW	2737		Probationer	07.01.20	09.01.20	2month 62 days	
ASCO	NEFTEGAZ 64	AZERBAIJAN	Offshore Supply Ship	1367	2×6ZL40/48- *Zulzer* 2×2650kW	2737		Probationer	07.01.21	09.30.21	3 month 92 days	
ASCO	AKADEMIK HESEN ALIYEV	AZERBAIJAN	RO-RO /Passenger ship	3950	2×6K45GFC A×4350kW	11450		Probationer	02.01.22	05.27.22	4 month 116 days	

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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Generators	-					
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers						
Other Experience						
-						
Travel Degraments						
Travel Documents		YES/NO	Country		Data ni	f Evniro
Name Schengen		YES/NO YES/NO	NO		Date pt	f Expire -
US		YES/NO	NO			-
China		YES/NO	NO			-
Australia		YES/NO	NO			-
Insurance,Health Related	Documentation					
·					/E0/NIO	
Medical Certificate (Fit for D	outy)	Vaccin	ation	<u> </u>	/ES/NO	
Yellow Fever		v dooiii		\ \	/ES/NO	
Yellow Fever COVID-19 e answer is YES to any of the	e above, please give			Υ	YES/NO YES/NO	`
COVID-19	e above, please give			Υ	/ES/NO	
COVID-19	e above, please give			Υ	/ES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a	ship due to medical	full details and at		necessary	/ES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of	ship due to medical peration in the past?	reasons?	ttach a separate page if	necessary	YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	ship due to medical peration in the past? or during the last 12	reasons?	ttach a separate page if	necessary	YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off	ship due to medical peration in the past? or during the last 12 disability problems n	reasons?	ttach a separate page if	necessary	YES/NO YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off Do you take any medication	ship due to medical peration in the past? or during the last 12 disability problems n ns regularly?	reasons? months for an illne	ess/accident?	necessary	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
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e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off Do you take any medication (If the answer is YES to a	ship due to medical peration in the past? or during the last 12 disability problems nas regularly? any of the above, please of the above of the abov	reasons? months for an illnerow? ease give full deta	ess/accident? iils and attach a separate	necessary	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO Decessary)	0
Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a	ship due to medical peration in the past? or during the last 12 disability problems nas regularly? any of the above, please of the problem of the above of the ab	reasons? months for an illnerow? ease give full deta	ess/accident?	necessary	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	0
Medical history Have you ever signed off a Have you consulted a doctor Do you have any health or or Do you take any medication (If the answer is YES to a	ship due to medical peration in the past? or during the last 12 disability problems nas regularly? any of the above, please of the problem of the above of the ab	reasons? months for an illnerow? ease give full deta	ess/accident?	necessary	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	0

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

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

Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

16	References (Please give the name and address of your current or immediate past employer)			
	Name of company	14		

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.

Date:	15.02.2024

Signature

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