



## **APPLICATION FORM**

1	Position	identity card PIN Number 83T2MPH						
	Position Applied for:	Rating forming part of an engine-room watch						
	Date Available from:	-						

Personal Information	Gender: Male			
First Name: TALEH	Last Name: ISMAYILOV			
Date of Birth: 19.01.2005	Place of Birth (City and Country): Azerbaijan, FIZULI			
Email:-	Mobile Number: (+994) 50 829 15 79			
Permanent Address: Bala Bahmanli village, Fizuli district, Azerbaijan	Expected Salary Per Month: -			
Nationality: Azerbaijan	Alternative rank applying for: -			
Person to call in emergency: (+994) 50 985 84 53 Father				

3	Family Details: (If Unmarried kindly give details of Father / Mother)								
	First Name	Last Name	Gender	Relation	Contact				
			Male	Father	+994 50 985 84 53				

4	Maritime Education									
	Name of school	Country	From	То	Type of degree or diploma					
	IST Services	Azerbaijan	2023	2024	Course s					

Physical Data						
Height	185					
Weight	80					
Boilersuit Size	XL					
Shoes Size	43					
Blood group	O(I)RH+					
Additional Physical Information:{You can write any or	ther information you want to add about your physique in this field.}					

Seaman's Book & I	Seaman's Book & Identify Docs									
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY					
Seaman Book	Azerbaijan	DQK 028254	24.05.2024	Azerbaijan	24.05.2029					

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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Certificate of Competency	Azerbaijan	RP15036		16.05.2024	Azerba	ijan	-
Republic of Azerbaijan	Azerbaijan	C05013318		12.06.2024	Azerbaijan		11.06.2034
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?			Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	Do you hold a US Visa 'B1/B2'?			Issue Date:	- Expiry Date:-		Date:-
Have you been reject	ed for any visa app		YES/NO	NO	•		
If YES, please state the	he country and reas		-				

7 Professional Test

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

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 TECHNICS	Azerbaijan	SO-5738-23	SMPA	15.12.2023	15.12.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5738-23	SMPA	15.12.2023	15.12.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5738-23	SMPA	15.12.2023	15.12.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5738-23	SMPA	15.12.2023	15.12.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5738-23	SMPA	15.12.2023	15.12.2028
International Safety Management	Azerbaijan	SP-0671-24	SMPA	18.03.2024	18.03.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0717-24	SMPA	03.04.2024	27.03.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-4021-23	SMPA	18.12.2023	18.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0761-24	SMPA	29.03.2024	Unlimited

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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

## **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
-	-	-	-	-	-	-	-	-	-	-	-	-
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11	For Engineers (Please prov	se provide details)				
	Generators	-				
	Purifiers and Boilers	-				

12 Other Experience

English Language : Average Turkish Language : Good

Type of Cranes / No of Reefer Containers

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

mountain motory		
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?		NO
Do you have any health or disability problems now?		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 Genera

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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16	References (Please give the name and address of your current or immediate past employer)		
	Name of company	1	2

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:	01.07.2024

Signature

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