

Application Form

Section 1	Navigation Officer							
Position Applied for	ORDINARY SEAMAN							
Lowest Position Acceptable	ORDINARY SEAMAN FITTER							
Date of Availability	Any time							
Section 2	Personal Details							
Family name / Surname	BALABAYOV							
First Name / Given Name	RAMIL							
Date & Place of Birth	Date:20.07.2001 Pl	ace: GUSAR, Azerbaijan						
Nationality	Azerbaijan							
Permanent Address	Azerbaijan, GUSAR region							
Present Address	Azerbaijan, GUSAR region							
			1					
PPE information	SAFETY SHOES SIZE	41 <u>COVERAL</u>	<u>L SIZE</u> M					
Present Contact Number								
Mobile Number		+994 77 528 39 40						
SKYPE ADDRESS	N/A							
Email Address								
Nearest Airport (and	Haydar Aliyev Baku International (GYD)							
Distance)	Decree and SUCA 1-4-9							
Section 3	Passport and VISA d							
Country of Issue	Azerbaijan / Baku	USA Visa - Type						
Date Issued	25.11.2021	USA VISA Expires						
Place Issued	Azerbaijan	USA Visa - Type						
Passport Number	C03626533	USA VISA Expires						
Passport –Expires	24.11.2031 Other Country Visa							
Secondary passport or Dual nationality	N/A Visa Expiry							
Section 4 (hi-light as required)	Seaman book / Discharge book / Seaman Record Book / CDC							
Issuing Country & Place	Azerbaijan Date Issued 14.01.2023							
Number	DQK 022457							
Section 5	Next of Kin — this is important information we require- Don't ignore it							
Full Name / Relationship	, father							

Any dependents / Children (incl age)	Not any
Address	Baku, Azerbaijan
Contact Numbers	

Section 6 STCW95 Highest Certificate of Competency / Licence Held (also list Flag State Endorsements)								
Class / Grade/Capacity	Issuin Counti		Date Issued	Expiry	Details o	Details of Limitations		
Rating forming part of a navigational watch ALSO ENTER	<mark>Azerbai</mark> Baku ABOVE I	1 0036/23		AG STATE CE	A-II/4 ERTIFICATES HELD			
Section 7 STCW95 Dangerous Cargo Endorsements								
D. (I		Certificate No	Date Issued	Expires	Expires Details of Limitation			
<u>Petroleum</u> <u>Liquefied Gas</u>	Petroleum			+				
	Liquefiea Gas Liquid Chemicals							
Section 8	STC	CW95 relate	d Courses Atter	nded and Cer	rtificates Ob	tained		
Name of Course /	Name of Course / Certificate		Place	Issue Date	Cert No	Expiry Date		
Mandatory minimum requirements for familiarization, basic safety training and instruction for all seafarers		A-VI/1-1, A-VI/1-2, A- VI/1-3, A- VI/1-4	Baku, Azerbaijan	07.10.2022	SO-4542- 22	07.10.2027		
Proficiency in survival craft and boats oter than fast rescue boats		A-VI/2- 1,2,3,4	<mark>Baku,</mark> <mark>Azerbaijan</mark>	30.09.2022 SL-304.		30.09.2027		
International safety Management Code		SOLAS IX	Baku Azerbaijan	04.10.2022 SP-2989- 22		04.10.2027		
Ship Security-related training and instructing		A-IV/6, 1-4	Baku, Azerbaijan	22.09.2022	SI-2284-22	16.09.2022		
	s with	1	Baku,		SH-1942-	1		

Section 9 OFFSHORE INDUSTRY COURSES									
Please enter below any other certificates held or courses done, ie offshore, DP certs etc or Any other not already mentioned									
Name of Course / Certificate	APPROVALS	Cert No	Expiry						
HUET									
FOET									
OFFSHORE MEDICALS (UK, NORWAY or NETHERLAND)	Uniclinica Medical Clinic Center	<mark>Baku,</mark> Azerbaijan	22.04.2024	N/A	22.04.2026				
				YES	NO				
Have you ever signed off a s		X							
Have you undergone any me		X							
Have you consulted a doctor Accident		Х							
Do you have any health or disability problem now?									
If answer to any of above is YES then give further details below or on a separate sheet									
·			•						
Section 12 General									

					Yes	No
Have you ever been the subject of a court of enquiry or involved in a maritime accident						Х
Have you ever l	nad a professional li	cence suspended	or revoked			X
Have you ever b	peen convicted of a	ny criminal offenc	e?			X
Have you ever l	oeen dismissed					X
If yes to any of	above then please f	ull details below o	or on separa	te sheet of paper		
	•		•	• •		
Section 13	Reference	s (Last 7	Two R	ecent Employ	yers)	
Name of compa	ny	VI-ZA SUN LT	TDE			
Name Person to	be contacted					
Address						
Tel No	+902164728660		Fax	+9021647295	596	
Email	vi-zastar@ vi-zas	zastar.com				
Name of company AMIR MARITI			IME SER	VICES LLC		
Name Person to	be contacted					
Address						
Tel No	+97254-2196104		Fax			
Email	arik@doley-proj	ects.com				
Section 14	Any other	information, yo	u wish to	add in support of y	our applicatio	n
Section 15	De	eclaration				

I hereby declare that the above particulars are true and I authorize you to contact the referees listed above

And confirm that All my certificates / Licences are Authentic / SEASERVICE RECORD is ACCURATE / And I confirm accepting Companies DRUG & ALCOHOL Policy

<u>SEA EXPERIENCE (LAST 5 YEARS – MOST RECENT EXPERIENCE ON TOP LINE)</u>

Vessel	Company	Type of vessel	Flag	GRT	Rank	Sign on	Sign off
NIKOLAY KUZNETSOV	VIZA SUN LTD	GEN CARGO	PANAMA	2466	FITTER	10.02.2023	15.09.2023
M/V AMS 1	AMIR MARITIME SERVICE	GENERAL CARGO	CAMEROON	1717	FITTER	12.11,2023	26.03.2024