

APPLICATION FORM

Position Applied for Ratting Forming Part of an Egine-room Watch. ID -6VUC4NI							Date Available from:				
1. Personal	Data										
Family Nan			Firs	t Name :			Mid	ldle N	ame:		
SADIGOV SADIG					G HABIL						
Date of Birth:15.09.2000 Place of Birth (City and Country): MASSALLI DISTRICT, AZERBAIJ					LI	1	Citizenship: AZERBAIJAN				JAN
Permanent DISTRICT	nanent Address AZERBAIJAN ,MASALLI Phone (Home):										
2. Maritime	Education										
Name of		Tov	vn	Country		Fr	om	То	Тур	e of degr	ee or diploma
KAINAT-M T	гм ммс	BAKU	J	AZERBAIJ	AN				MA 00	01414	
3. Professio	nol Tost										
English Test D				Name of Tes	et			Score			
English Test D	rate			Name of Test			Secre				
Professional To	est Date			Name of Test			Score				
Professional In	nterview Date			Result							
4. Family D Civil Status(Single	e, Married, Separa		rced, Wi	dowed) :							
Next of Kin (the Address of Reside		ontact)						Phone	ionship ::		
	Daughter		Son								
Family Name											
First Name											
Date of Birth											
City of living											
Phone Numbers											
5. Identity I	Documents										

Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's	Azerbaijan	DQK014694	State of maritime	13.07.2019	13.07.2024
Book			administration		
Travel	Azerbaijan	C03066927	Ministry of internal	16.03.2020	17.03.2030
Passport			affairs		
Civil	Azerbaijan	AZE17110061	RPI MASALLI	26.11.2017	15.09.2026
Passport					

6. Valid Visa		
Country or Union	Туре	Valid Until

7. Courses Attended and Certifica	7. Courses Attended and Certificates Obtained							
Document	Number	r		Dates	Place			
	DD0000C	20.1	Issue	Expiry 2024				
Certificate of Competency	RP09986	30.	12.2019	30.12.2024	AZERBAIJAN			
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	SA-0361-19	11.	11.2019	11.11.2024	AZERBAIJAN			
Chemical Tanker Specialized Training								
Gas Tanker Specialized Training								
Basic Trainings	SO-2682-19	07.1	11.2019	07.11.2024	AZERBAIJAN			
Proficiency in Survival Craft and Rescue Boats	SL-1385-19	14.1	11.2019	14.11.2024	AZERBAIJAN			
Advanced Fire Fighting								
Medical First Aid Training								
Medical First Aid Training and Medical								
Care								
GMDSS								
GMDSS Endorsement								
Radar Observation & Plotting								
Automatic Radar Plotting Aids Simulator (ARPA)								
Bridge Team Management								
Shiphandling & Maneuvering								
Ship Security Officer Training Course	SI-2398-19	05.1	11.2019	02.11.2024	AZERBAIJAN			
Maltese Endorsement of SSO								
ISM Code	SP-1602-19	10.1	11.2019	10.11.2024	AZERBAIJAN			
Safety Officer								
ECDISTraining Course								
Risk Assessment Course								
C.O.W./ I.G.S								
Fire Practice on Tankers								
Vapour Recovery System								
Unmanned Machinery Space								
FRAMO Familiarization Course								
Cargo Ballast Operations on								
Oil/Chemical Tankers								

Hazardous Materials	SH-1408-19	15.11.2019	12.11.2024	AZERBA	IJAN
Welder					
Turner					
Risk Management And Incident					
Investigation					
Training of seafarers with designated					
security duties in compliance with ISPS					
Code					
8. Physical Data					
Height	173				
Weight	74				
Colour of Hair	BROWN				
Colour of Eyes	BLACK				
Boilersuit Size	XL				
Shoes Size	42				
SHOES SIZE	44				
9. Medical History				Yes	No
Have you ever signed off a ship due	e to medical re	easons?			+
Did you undergo any medical opera	ntion in the pas	st?			+
Have you consulted a doctor during	the last 12 m	onths for an			
illness/accident?					+
Do you have any health or disability	v problems no	w?			+
If yes, please give full details:			L.		<u> </u>
	Passed:		Valid	till:	
International Medical Examination	Passed:		Valid	till:	
International Medical Examination Vaccination Against Yellow Fiver	Passed:		Valid	till:	
Vaccination Against Yellow Fiver	Passed:		Valid	till:	
	Passed:		Valid	till:	
Vaccination Against Yellow Fiver	Passed:		Valid	till:	
Vaccination Against Yellow Fiver		past employer)	Valid Office rem		
Vaccination Against Yellow Fiver Vaccination Against Diphtheria		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre Name of Company Name of person to contact		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and address) Name of Company Name of person to contact Address		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addres Name of Company Name of person to contact Address Phone		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre Name of Company Name of person to contact Address Phone Name of Company		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of company Name of company		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of person to contact Address		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of company Name of company		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of person to contact Address Phone		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addres 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		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre 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		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre 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.		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre 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		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre 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.		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre 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		past employer)	Office rem		No
Vaccination Against Yellow Fiver Vaccination Against Diphtheria 10. References (please give name and addre 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		past employer)			No

ISGOT knowledge:								
13. I hereby declare that the above, including Medical History, is true								
Place	Date	Signature						
14. For Office use only								

15. Seagoing Experience

Flag	Vessel' s Type	DW T			Rank	From d/m/y	To d/m/y
Panama	General Gargo	4332		PACIFIC	Motorman	03.01.2019	05.07.2019
AZERBAIJA N	CARGO VESSEL	3332		CASPIAN SHIPPING	motorman	18.07.2019	24. 10. 20 19
AZERBAIJA N	CARGO VESSEL	3332		CASPIAN SHIPPING	motorman	01.12.2019	12.05.2020
TOGO	General Gargo	2000		BROMARINE	Motorman	17.04.2021	19.10.2021
Panama	General Gargo	1750		VIYA SHIPING	Motorman	21.05.2022	05.08.2022
	Panama AZERBAIJA N AZERBAIJA N TOGO	Panama AZERBAIJA CARGO VESSEL AZERBAIJA CARGO VESSEL TOGO General Gargo Panama General Gargo General Gargo General Gargo	Panama General Gargo AZERBAIJA CARGO VESSEL AZERBAIJA CARGO VESSEL TOGO General Gargo General Gargo Panama 1750	Flag Vessel's Type Panama General Gargo AZERBAIJA CARGO VESSEL AZERBAIJA CARGO VESSEL TOGO General Gargo General Gargo Panama General 1750	Flag Vessel' s Type Panama General Gargo AZERBAIJA N CARGO VESSEL AZERBAIJA N CARGO VESSEL General Gargo AZERBAIJA CARGO VESSEL AZERBAIJA CARGO VESSEL AZERBAIJA General Gargo General Gargo General Gargo Panama General 1750 VIYA SHIPING	Flag Vessel's Type Panama General Gargo AZERBAIJA N CARGO VESSEL AZERBAIJA CARGO VESSEL TOGO General Gargo General Gargo John P P Manager or Owner PACIFIC CASPIAN SHIPPING Motorman CASPIAN SHIPPING Motorman Panama General Gargo John P P Manager or Owner PACIFIC Motorman CASPIAN SHIPPING Motorman Motorman	Flag Vessel's Type DW T T P Manager or Owner Rank From d/m/y PACIFIC AZERBAIJA N CARGO VESSEL AZERBAIJA N CARGO VESSEL AZERBAIJA N CARGO VESSEL BOTOGO General Gargo General Gargo General Gargo General Gargo General AZERBAIJA N CARGO VESSEL SHIPPING Motorman 18.07.2019 BROMARINE Motorman 17.04.2021 VIYA SHIPING Motorman 21.05.2022

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:	