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APPLICATION FORM

1	Position	identity card PIN Number 553HQ8C						
	Position Applied for:	Rating forming part of a navigational watch						
	Date Available from:	-						

First Name: JEYHUN	Last Name: BABAYEV
Date of Birth: 25.09.1991	Place of Birth (City and Country): Azerbaijan, LANKARAN
Email: Ceyhunbabayeff21@gmail.com	Mobile Number: (+994) 50 549 63 11
Permanent Address: Dasdatuk village, Lankaran district, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)									
	First Name	Last Name	Gender	Relation	Contact					
	Javid	Babazade	Male	Brother	+994519353738					

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan Marine Fishing Industrial School	Azerbaijan	2011	2015	Sub-bachelor

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6 Seaman's Book & Identify Docs

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

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

DOCUMENT	COUNTRY	OUNTRY NUMBER		DATE OF ISSUE	PLACE OF	ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	027507	06.04.2024	Azerba	ıijan	06.04.2029
Certificate of Competency	Azerbaijan	RP	14748	13.03.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03693766		01.09.2022	Azerba	ijan	31.08.2032
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?		NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa 'B1/B2'?		YES/NO NO		Issue Date:	- Expiry		Date:-
Have you been rejected for any visa applied for?			•	YES/NO	NO		
If YES, please state th	If YES, please state the country and reasons						

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	-	-	-

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STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-4146-23	SMPA	11.08.2023	11.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4146-23	SMPA	11.08.2023	11.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4146-23	SMPA	11.08.2023	11.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4146-23	SMPA	11.08.2023	11.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4146-23	SMPA	11.08.2023	11.08.2028
International Safety Management	Azerbaijan	SP-2745-23	SMPA	16.08.2023	16.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3091-23	SMPA	21.08.2023	21.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2570-23	SMPA	14.08.2023	14.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2217-23	SMPA	23.08.2023	23.08.2028

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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 provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

Other Experience

Russian Language: Average English Language: Average Turkish Language : Excellent

Travel Documents 12

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

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?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	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)

General 15

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 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:	09.08.2024	
Signature	_		

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