



APPLICATION FORM

1	<table><tr><td>Position</td><td>identity card PIN Number 6WLQ993</td></tr><tr><td>Position Applied for:</td><td>Rating forming part of an engine-room watch</td></tr><tr><td>Date Available from:</td><td>-</td></tr></table>	Position	identity card PIN Number 6WLQ993	Position Applied for:	Rating forming part of an engine-room watch	Date Available from:	-															
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4	<table><tr><td colspan="5">Maritime Education</td></tr><tr><td>Name of school</td><td>Country</td><td>From</td><td>To</td><td>Type of degree or diploma</td></tr><tr><td>Azerbaijan State Marine Academy</td><td>Azerbaijan</td><td>2019</td><td>2024</td><td>Bachelor</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	Maritime Education					Name of school	Country	From	To	Type of degree or diploma	Azerbaijan State Marine Academy	Azerbaijan	2019	2024	Bachelor						
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DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 016110		14.05.2020	Azerbaijan		14.05.2025
Certificate of Competency	Azerbaijan	RP12209		11.01.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C05227651		10.07.2024	Azerbaijan		09.07.2034
Do you hold a US Visa 'C1/D'?		YES/NO	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 the country and reasons				-			

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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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 TECHNIQS	Azerbaijan	SO-1507-21	SMPA	09.07.2021	31.05.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1507-21	SMPA	09.07.2021	31.05.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1507-21	SMPA	09.07.2021	31.05.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1507-21	SMPA	09.07.2021	31.05.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1507-21	SMPA	09.07.2021	31.05.2026
International Safety Management	Azerbaijan	SP-1073-21	SMPA	30.06.2021	02.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1792-24	SMPA	08.07.2024	08.07.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0702-21	SMPA	29.06.2021	04.06.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-	SMPA	05.07.2024	-

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

[illegible]

11	For Engineers (Please provide details)	
	Generators	-
	Purifiers and Boilers	-
	Type of Cranes / No of Reefer Containers	-

12	Other Experience
	English Language : B2 Azerbaijan Language : C2 Russian Language : B1 Turkish Language : C2

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)

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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)

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15	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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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: 12.06.2024

Signature