



APPLICATION FORM

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|--|--------------------------------------|
| Position Applied for: ABLE SEAMAN | Date Available from: ANY TIME |
|--|--------------------------------------|

| | | |
|--|---------------------------------------|---|
| 1. Personal Data | | |
| Family Name: MURADOV | First Name: FİRUDİN | Middle Name: PİRİYEV |
| Date of Birth: 29.09.1996 | Place of Birth: AZERBAIJAN, NEFTCHALA | Citizenship: AZERBAIJAN |
| Permanent Address: AZERBAIJAN, NEFTCHALA | | Phone (Home): +994559022325 Phone (Business/ Mobile): +994559022325 E-mail: firudinpriyev77@gmail.com |

| | | | | | |
|------------------------------|------|------------|------|------|---------------------------|
| 2. Maritime Education | | | | | |
| Name of school | Town | Country | From | To | Type of degree or diploma |
| Kainat Tədris | Baku | Azerbaijan | 2016 | 2017 | ABLE SEAMAN |
| | | | | | |

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|-----------------------------|--------------|-------|
| 3. Professional Test | | |
| English Test Date | Name of Test | Score |
| Professional Test Date | Name of Test | Score |
| Professional Interview Date | Result | |

| | |
|---|------------------------|
| 4. Family Details | |
| Civil Status (Single, Married, Separated, Divorced, Widowed) SINGLE | |
| Next of Kin (the first emergency contact): PİRİYEV YAŞAR | Relationship / brother |
| Address of Residence: NEFTCHALA, AZERBAIJAN | Phone : +994504490670 |

| | | | | | |
|---------------------|----------|-----|--|--|--|
| | Doughter | Son | | | |
| FamilyName | | | | | |
| FirstName | | | | | |
| DateofBirth | | | | | |
| Cityofliving | | | | | |
| PhoneNumbers | | | | | |

5. Identity Documents

| Document | Country | Number | Place of Issue | Issue Date | Expiry Date |
|-----------------|-------------------|------------------|--------------------------------------|-------------------|-------------------|
| Seaman's Book | AZERBAIJAN | DQK024567 | State Maritime Administration | 02.08.2023 | 02.08.2028 |
| Travel Passport | AZERBAIJAN | C02474666 | AZERBAIJAN BAKU | 15.12.2021 | 14.12.2031 |

6. Valid Visa

| Country or Union | Type | Valid Until |
|------------------|------|-------------|
| | | |
| | | |

7. Courses Attended and Certificates Obtained

| Document | Number | Dates | | Place |
|---|-------------------|-------------------|-------------------|--------------------------------------|
| | | Issue | Expiry | |
| Certificate of Competency | RP09010 | 24.07.2023 | | State Maritime Administration |
| 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 | | | | |
| Chemical Tankers Specialized Training | | | | |
| Gas Tankers Specialized Training | | | | |
| Basic Trainings | SO-279123 | 20.06.2023 | 12.06.2028 | State Maritime Administration |
| Proficiency in Survival Craft and Rescue Boats | SL-197723 | 14.06.2023 | 14.06.2028 | State Maritime Administration |
| Advanced Fire Fighting | SH-0075-22 | 21.01.2022 | 14.01.2027 | State Maritime Administration |
| Medical First Aid Training | | | | |
| Medical First Aid Training and Medical Care | | | | |
| GMDSS | | | | |
| GMDSS Endorsement | | | | |
| Electronic Chart Display and Information Systems | | | | |
| Automatic Radar Plotting Aids Simulator (ARPA) | | | | |
| Bridge Team Management | | | | |
| Ship Handling & Maneuvering | | | | |
| Ship Security-related familiarization security-awareness training | SI-166623 | 13.06.2023 | 13.06.2028 | State Maritime Administration |
| Maltese Endorsement of SSO | | | | |
| ISM Code | SP-1134-18 | 16.05.2022 | 16.05.2027 | State Maritime Administration |
| Safety Officer | | | | |
| ECDIS Training 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 | | | | |

| | | | | |
|---|------------|------------|------------|-------------------------------|
| Welder | | | | |
| Turner | | | | |
| Risk Management And Incident Investigation | | | | |
| Training of seafarers with designated security duties | SH-0075-22 | 21.01.2022 | 14.01.2027 | State Maritime Administration |
| Dangerous hazardous and harmful cargoes | | | | |
| Basic Training and qualifications on oil and chemical tanker cargo operations | | | | |

| 8. Physical Data | |
|------------------|------------|
| Height | 1.70 m |
| Weight | 75 kg |
| Colour of Hair | Dark Brown |
| Colour of Eyes | Brown |
| Boiler suit Size | M |
| Shoe Size | 41 |

| 9. Medical History | Yes | No |
|--|-----|----|
| Have you ever signed off a ship due to medical reasons? | | + |
| Did you undergo any medical operation in the past? | | + |
| Have you consulted a doctor during the last 12 months for an illness/accident? | | + |
| Do you have any health or disability problems now? | | + |

If yes, please give full details:

| | | |
|-----------------------------------|------------|-------------|
| | Passed: | Valid till: |
| International Medical Examination | 07.12.2023 | 07.12.2025 |
| Vaccination Against Yellow Fever | | |
| Vaccination Against Diphtheria | | |
| | | |

| 10. References (please give name and address of your current or past employer) | Officer remarks |
|--|-----------------|
|--|-----------------|

| | | | | |
|---------------------------|------------|----------------|----------|---------|
| Name of Company | Samaya LTD | Caspian legend | Mototman | Month 6 |
| Name of person to contact | Samaya LTD | Caspian legend | Oiler | Month 4 |
| Name of person to contact | RM group | Amur 2528 | Oiler | Month 3 |
| Address | | | | |
| Phone | | | | |

| | | |
|---------------------------|--|--|
| Name of Company | | |
| Name of person to contact | | |
| Address | | |
| Phone | | |

| 11. Bankaddressforallotments | |
|------------------------------|--|
| Beneficiary | KAPİTAL BANK |
| AccountNo. | |
| NameofBank | KAPİTAL BANK, (ZALATOY KARONA) (VESTERİ UNİON) |
| BankAddress | AZERBAIJAN RESPUBLIC |

| 12. Knowledgeandexperience | Yes | No |
|----------------------------|-----|----|
| OCIMF vettingexperience: | | |
| ISGOT knowledge: | | |

| 13. I hereby declare that the above, including Medical History, is true | | |
|---|--|--|
| Place | | |

15. Seagoing Experience

Total rank sea service:

Total type of vessel sea service:

| Rank | Years | | Type of vessel | Years |
|----------------|----------------|--|----------------------|-------|
| | | | OIL TANKER | |
| | YEARS MONTH | | LPG | |
| | | | DRY CARGO | MONTH |
| | | | TANKER ICE | |
| | | | OIL /CHEMICAL TANKER | |
| | | | FERRY | |
| Total 13 Month | | | Total: | |