



# **APPLICATION FORM**

1	Position	identity card PIN Number 613XRSY
	Position Applied for:	Officer in charge of a navigational watch
	Date Available from:	-

First Name: MAHABBAT	Last Name: AMIRASLANOV
Date of Birth: 12.03.1995	Place of Birth (City and Country): Azerbaijan, AGHSTAFA
Email: muhabbetazeri9090@gmail.com	Mobile Number: (+994) 50 858 99 39
Permanent Address: Aghstafa district , Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying
	for:3 <sup>RD</sup> Officer

3	Family Details: (If Unmarr	ied kindly give details of Fa	ther / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Mahammad	Amiraslanov	Male	Brother	+905394664089

Name of school	Country	From	То	Type of degree of diploma
Azerbaijan State Maritime College	Azerbaijan	2015	2019	Sub-Bachelor

5	Physical Data	
	Height	171
	Weight	73
	Boilersuit Size	M
	Shoes Size	42
	Blood group	O(I)RH+
	Additional Physical Information:{You can write any other information	you want to add about your physique in this field.}

6	Seaman's Book & Id	entify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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

4

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Seaman Book	Azerbaijan	DQK	015386	14.11.2019	Azerba	aijan	14.11.2024
Certificate of Competency	Azerbaijan	000	08293	22.08.2024	Azerba	aijan	22.08.2029
Certificate of Competency	Azerbaijan	RP	09863	14.11.2019	Azerba	aijan	14.11.2029
Republic of Azerbaijan	Azerbaijan	C00	759476	26.08.2015	Azerba	aijan	25.08.2025
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	Do you hold a US Visa 'B1/B2'? YES/NO NO				-	Expiry	Date:-
Have you been reject	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state the	ne country and reas	sons		-			

# 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	-	-	-

9

TCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-2764-24	SMPA	16.07.2024	12.07.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2764-24	SMPA	16.07.2024	12.07.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-2764-24	SMPA	16.07.2024	12.07.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2764-24	SMPA	16.07.2024	12.07.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2764-24	SMPA	16.07.2024	12.07.2029
International Safety Management	Azerbaijan	SP-2148-24	SMPA	04.07.2024	01.07.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2257-24	SMPA	08.07.2024	04.07.202
Security Awareness Training For All Seafarers	Azerbaijan	SI-2351-24	SMPA	31.05.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1770-24	SMPA	31.05.2024	Unlimited
Medical Firs Aid	Azerbaijan	SN-0521-24	SMPA	15.05.2024	Unlimited
Leadership & Teamwork	Azerbaijan	DL-0407-24	SMPA	24.06.2024	21.06.202
Advanced Training in Fire Fighting	Azerbaijan	SJ-0677-24	SMPA	14.06.2024	14.06.202
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0410-24	SMPA	10.05.2024	03.05.202
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0142-24	SMPA	07.06.2024	07.06.2029
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0312-24	SMPA	24.05.2024	24.05.202
Bridge Resource Management	Azerbaijan	SW-0302-24	SMPA	28.06.2024	28.06.202

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

### **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
SKY GROUP	M/V SKY FEYZ	Panama	General Cargo Ship	3662	Wartsila	2000		Able Seafarer Deck	06.10.2022	14.12.2022	2 months	End of Contract
SKY GROUP	M/V SKY TIME	Panama	General Cargo Ship	6324	Wartsila	4446	CL	Able Seafarer Deck	06.03.2023	15.08.2023	5 months	End of Contract
SKY GROUP	M/V SNOW	Panama	General Cargo Ship	4652	MAK	2901	-	Able Seafarer Deck	13.10.2023	18.03.2024	5 months	End of Contract
							Culling					
									y			
									/			

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

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

Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply Technical Services** 

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

11 For Engineers (Please provide detail
---

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

## **Other Experience**

English Language: B2 Russian Language: B1

Power Point, Excel, Word - Good

#### 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	-

#### Insurance ,Health Related Documentation 13

Medical Certificate (Fit for Duty)		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)

### 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)

#### 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)

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

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

Sale & Purchasing Ship Agency **Exclusive Cargo Brokering Bunker Supply Technical Services** 

16 References (Please give the name and address of your current or immediate past employer)

Name of company	1.SKY GROUP	2
Name of person to contact	-	-
Address	Istanbul /Turkey	-
☎ 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.

Signature

02.09.2024 Date: