



## APPLICATION FORM

<b>Position Applied for MASTER . ID -</b>	<b>Date Available from:</b>
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<b>1. Personal Data</b>		
<b>Family Name: JABAROV</b>	<b>First Name: RASHAD</b>	<b>Middle Name:</b>
Date of Birth 02.03.1972	Place of Birth Azerbaijan	Citizenship :Azerbaijan
Permanent Address Azerbaijan , Sumgayit		<b>Phone Mobil: Az(+994)50 739 83 45</b> <b>E-mail Sumqait-72@mail.ru</b>

<b>2. Maritime Education</b>					
Name of school	Town	Country	From	To	Type of degree or diploma
<b>AZERBAIJAN STATE MARINE Technical</b>	<b>Baku</b>	<b>Azerbaijan</b>	15.09. 1999	01.07. 2003	<b>Sea Navigation Engineering</b>

<b>3. Language</b>	<b>Speak</b>	<b>Reading</b>	<b>Write</b>
English	Poor	Poor	Poor
Russian	Good	Good	Good
Turkish	Good	Good	Good

<b>5. Identity Documents</b>					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	<b>Azerbaijan</b>	DQK 024406	<b>State of maritime administration</b>	<b>15.07.2023</b>	<b>15.07.2028</b>
Travel Passport	<b>Azerbaijan</b>	C02428552	<b>Ministry of internal affairs</b>	<b>13.03.2019</b>	<b>13.03.2029</b>
Civil Passport	<b>Azerbaijan</b>	AA0597698	<b>ASAN1----</b>	<b>22.11.2018</b>	<b>22.11.2028</b>

<b>7. Courses Attended and Certificates Obtained</b>
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Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	001983/22	20.12.2022	20.12.2027	Azerbaijan
Endorsement of COC	001983/22	20.12.2022	21.11.2027	Azerbaijan
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 Tanker Specialized Training				
Gas Tanker Specialized Training				
Panama Endorsement				
Basic Trainings				
Proficiency in Survival Craft and Rescue Boats	SL-3080-24	09.09.2024	05.09.2029	Azerbaijan
Advanced Fire Fighting	SJ-0445-20	08.10.2020	08.10.2025	Azerbaijan
Medical First Aid Training	SN-0450-21	22.06.2021	22.06.2026	Azerbaijan
Medical First Aid Training and Medical Care	SN-0135-21	23.06.2021	23.06.2026	Azerbaijan
GMDSS	DQ-0198-24	29.03.2024	29.03.2029	Azerbaijan
GMDSS Endorsement	DQ-0198-24	29.03.2024	29.03.2029	Azerbaijan
Radar Observation & Plotting	SQ-0007-20	14.01.2020	14.01.2025	Azerbaijan
Automatic Radar Plotting Aids Simulator (ARPA)	SQ-0292-24	30.08.2024	30.08.2029	Azerbaijan
Bridge Team Management	SW-0279-23	25.06.2023	25.06.2028	Azerbaijan
Ship Security Officer Training Course	SG-0150-18	12.07.2023	12.07.2028	Azerbaijan
Maltese Endorsement of SSO				
ISM Code	SP-0499-20	21.07.2020	19.06.2025	Azerbaijan
Safety Officer				
ECDIS Training Course	SZ-0370-22	08.07.2022	08.07.2027	Azerbaijan
Risk Assessment Course				
C.O.W./ I.G.S				
Fire Practice on Tankers				
Vapour Recovery System				
Ship's Gas Analysers and Their Operation				
FRAMO Familiarization Course				
Cargo Ballast Operations on Oil/Chemical Tankers				
Hazardous Materials				
Inert Gas System				
Leadership and Teamwork	DL-1273-21	08.12.2021	29.11.2026	Azerbaijan
Risk Management And Incident Investigation				
Ship handling & Maneuvering	SV-0249-21	15.07.2021	15.07.2026	Azerbaijan
Training of seafarers with designated security duties in compliance with ISPS Code				

8. Physical Data	
Height	178 sm
Weight	80 kq
Colour of Hair	Black
Colour of Eyes	Brown
Boilersuit Size	52
Shoes Size	41/7

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		
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

10. References (please give name and address of your current or past employer)		Office remarks
Name of Company	ZAHARATTI SHIPPING	
Name of person to contact	KEMAL AKIN	
Address	Molla Fenari Mah. Şerefendi Sokak No:37 daire: 401 Fatih- İstanbul/TURKEY	
Phone	+905060609702	

Name of Company			
Name of person to contact			
Address			
Phone			

11. Bank address for allotments	
Beneficiary	
Account No.	
Name of Bank	
Bank Address	

12. Knowledge and experience	Yes	No
OCIMF vetting experience:		+
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

[illegible]**Total rank sea service:**

Rank	Years
AB Sailor	7
3 nd off	3
2 nd off	1
Chief off	16
MASTER	0.3
Total	27.3

**Total type of vessel sea service:**

Type of vessel	Years
OSV	14
Dredger	1
AHTS	10
GENERAL CARGO	2
Total:	27.3