APPLICATION FORM



Doughter

FamilyName
FirstName
DateofBirth
Cityofliving
PhoneNumbers

Son

Personal ID N		4							
Position Applied for	OILER				Da	ıte	e Availab	le from:ANY TIM	E
1. PersonalData									
Family Name. NAJAFOV	First Name:	: <i>FI</i>	RUZ		Midd	le	Name: FA	AZIL	
Date of Birth: 05.05.1983	Place of Birth: A MASALLI	irth: AZERBAIJAN , I Citizenship:			ship: AZEB	AIJANIAN			
Permanent Address: AZE	RBAIJAN, regi	ion.	. MASAL	LI	Phone	(E	Home): NO Business/ Mo ruzncfov1@	obile): <mark>+994706562854</mark> gmail.com	F
2. MaritimeEducation									
Nameofschool	Country		Town	Fr	om		То	Type of degree or diploma	
AZERBAIJAN IST.SERVICES	AZERBAIJAN		BAKU	12.01	.2024	1	2.07.2024	6 Month	
3. ProfessionalTest									
EnglishTestDate		Na	ameofTest				Score		
ProfessionalTestDate		NameofTest			Score				
ProfessionalInterviewDate Result			esult						
4. FamilyDetails Civil Status(Single, Married, Separate	ed, Divorced, Widowed): S	INGLE						
Next of Kin (the first emergency con-	act): ALIYEV SULE	EYM.	AN				Relationship	o / friend	
Address of Residence: AZERBAIJAN	N,						Phone : +9	94552959297	

Page 1 of 5

5. IdentityDocuments					
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate
Seaman'sBook	AZERBAIJAN	AZE034389	State Maritime Administration	27.08.2024	27.08.2029
TravelPassport	AZERBAIJAN	C04001677	AZERBAIJAN	06.12.2023	05.12.2033

6. ValidVisa		
CountryorUnion	Type	ValidUntil

Do av4	Name ban	Da	ites	DI
Document	Number	Issue	Expiry	- Place
CertificateofCompetency	RP15751	19.08.2024		State Maritime Administrati
MalteseEndorsementof COC				
OilTankerEndorsement				
ChemicalTankerEndorsement				
GasTankerEndorsement				
Advanced training for oil tanker cargo operations				
ChemicalTankerFamiliarizationTraining				
GasTankerFamiliarizationTraining				
OilTankersSpecializedTraining				
ChemicalTankerSpecializedTraining				
GasTankerSpecializedTraining				
BasicTrainings	SO-2387-24	24.06.2024	29.05.2029	State Maritime Administrati
Proficiency in Survival Craft and Rescue Boats	SL-2114-24	28.06.2024	11.06.2029	State Maritime Administrati
AdvancedFireFighting				
MedicalFirstAidTraining				
Medical First Aid Training and Medical Care				
RO-ro				
Crisis management and human behavior training				
RadarObservation&Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
BridgeTeamManagement				
Shiphandling&Maneuvering				
Ship Security-related familiarization security-awa	SI-2407-24	06.06.2024		State Maritime Administrati
reness training	51-2407-24	00.00.2024		on
MalteseEndorsementof SSO				
ISM Code	SP-2526-24	07.08.2024	30.05.2029	State Maritime Administ ration
SafetyOfficer				
ECDISTrainingCourse				
RiskAssessmentCourse				
C.O.W./ I.G.S				
FirePracticeonTankers				
WELDER(Elektrod-MMA)		09.04.2024		AZERBAIJAN
UnmannedMachinerySpace				
FRAMO FamiliarizationCourse				
Cargo Ballast Operations on Oil/Chemical Tanker s				
Engine resoursce management				
Leadership and Teamwork				
High woltage				
Risk Management And Incident Investigation				
Training of seafarers with designated security duti	CII 2076 24	05 07 2024		State Maritime Administrati
es	SH-2076-24	05.07.2024		on
Dangerous hazardous and harmfull cargoes				
BasicTraining and qualifications on oil and chemic	SA-0635-24	17.07.2024		State Maritime Administrati
al tanker cargo operations	3A-0033-24	17.07.2024		on

8. PhysicalData		
Height	178	
Weight	75	
ColourofHair	Black	
ColourofEyes	Chestnut	
BoilersuitSize	42	
ShoesSize	XL	

9. MedicalHistory	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:	Validtill:
InternationalMedicalExamination	14.12.2023	14.12.2025
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

10. References (please give name and addr	ess of your current or past employer)	Officeremarks
NameofCompany		
Name of person to contact		
Address		
Phone		
NameofCompany		
Name of person to contact		
Address		
Phone		

11. Bankaddressforallotments				
Beneficiary				
AccountNo.				
NameofBank				
BankAddress				

12. Knowledgeandexperience	Yes	No
OCIMF vettingexperience:		
ISGOT knowledge:		

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

14	For	Officeuse	anly
		711111111111111111111111111111111111111	-

15. SeagoingExperience

Nameofves sel	Flag	Vessel 's Ty pe	DW T	EngTy pe	НР	Manageror Owner	Rank	From d/ m/y	To d/m/	Tota l m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan c ompany	cadet	12.04.2024	12.07.2024	3 month

Total rank sea service:

Total type of vessel sea service:

Rank	Years	Typeofvessel	Years				
		OIL TANKER					
		LPG					
		DRY CARGO					
		TANKER ICE					
		OIL /CHEMICAL TANKE					
		R					
		FERRY					
Total		Total:					