

# APPLICATION FORM



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Personal ID Number											

Position Applied for: OILER	Date Available from: ANY TIME
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1. Personal Data			
Family Name. <b>LALAYEV</b>	First Name: <b>ROYAL</b>	Middle Name: <b>ANAR</b>	
Date of Birth: <b>20.10.2003</b>	Place of Birth: <b>AZERBAIJAN</b> , LANKARAN	Citizenship: <b>AZEBAIJANIAN</b>	
Permanent Address: AZERBAIJAN, LANKARAN region.		Phone (Home): NO Phone (Business/ Mobile): <b>+994516513196</b> E -mail: 20leleyev03@gmail.com	

2. Maritime Education					
Name of school	Country	Town	From	To	Type of degree or diploma
AZERBAIJAN IST.SERVICES	AZERBAIJAN	BAKU	05.07.23	08.01.2024	6 Month

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) : LELEYEV ANAR	Relationship / BROTHER
Address of Residence: AZERBAIJAN, LANKARAN	Phone : <b>+994508998576</b>

	Daughter	Son			
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

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5. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	AZERBAIJAN	AZE032419	State Maritime Administration	09.04.2024	09.04.2029
Travel Passport	AZERBAIJAN	C03276818	AZERBAIJAN LANKARAN	12.03.2024	11.03.2034

6. Valid Visa		
Country or Union	Type	Valid Until

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	RP14645	04.03.2024		State Maritime Administration
Maltese Endorsement of COC				
Oil Tanker Endorsement				
Chemical Tanker Endorsement				
Gas Tanker Endorsement				
Advanced training for oil tanker cargo operations				
Chemical Tanker Familiarization Training				
Gas Tanker Familiarization Training				
Oil Tankers Specialized Training				
Chemical Tanker Specialized Training				
Gas Tanker Specialized Training				
Basic Trainings	SO-5827-23	15.12.2023	15.12.2028	State Maritime Administration
Proficiency in Survival Craft and Rescue Boats	SL-4649-23	28.12.2023	27.12.2028	State Maritime Administration
Advanced Fire Fighting				
Medical First Aid Training				
Medical First Aid Training and Medical Care				
RO-ro				
Crisis management and human behavior training				
Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Ship handling & Maneuvering				
Ship Security-related familiarization security awareness training	SI-3851-23	08.12.2023	08.12.2028	State Maritime Administration
Maltese Endorsement of SSO				
ISM Code	SP-4052-23	19.12.2023	19.12.2028	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				
Engine resource management				
Leadership and Teamwork				
High voltage				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties	SH-3433-23	21.12.2023	21.12.2028	State Maritime Administration
Dangerous hazardous and harmful cargoes				
Basic Training and qualifications on oil and chemical tanker cargo operations	SA-1135-23	29.12.2023	29.12.2028	State Maritime Administration

8. PhysicalData	
Height	183
Weight	86
ColourofHair	Black
ColourofEyes	Chestnut
BoilersuitSize	43
ShoesSize	2XL

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:
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	Passed:	Validtill:
InternationalMedicalExamination	14.06.2023	14.06.2025
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

10. References (please give name and address of your current or past employer)	Officeremarks
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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		

<b>14. For Office use only</b>

### 15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan company	cadet	08.10.2023	06.01.2024	3 month

#### Total rank sea service:

Rank	Years
Total	

#### Total type of vessel sea service:

Type of vessel	Years
OIL TANKER	
LPG	
DRY CARGO	
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	