



APPLICATION FORM

1	Position	identity card PIN Number 5YSNTLL
	Position Applied for:	Rating forming part of a navigational watch
	Date Available from:	-

First Name: ALI	Last Name: AGAYEV
Date of Birth: 09.01.1995	Place of Birth (City and Country): Azerbaijan, ASTARA
Email:aliaqayev001@gmail.com	Mobile Number: (+994) 55 285 22 89
Permanent Address: Astara district,	Expected Salary Per Month:
Rudakanar street, Azerbaijan	900\$-1200\$
Nationality: Azerbaijan	Alternative rank applying for:
	Rating forming part of a
	navigational watch

Family Details: (If Unmarried kindly give details of Father / Mother)							
First Name	Last Name	Gender	Relation	Contact			
Muslum	Agayev	Male	Father	0 99 774 54 23			

Maritime Education								
Name of school	Country	From	То	Type of degree or diploma				
IST Service	Azerbaijan	04.2023	10.2023	Course				
Azerbaijan University of Technology	Azerbaijan	2015	2019	Bachelor				

Physical Data					
Height	170				
Weight	70				
Boilersuit Size	XL				
Shoes Size	41				
Blood group	A(II)RH+				
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}					

Seamen's Book & Identify Docs

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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE (OF ISSUE	DATE OF EXPIRY	
Seaman Book	Azerbaijan	DQK	026025	09.12.2023	Azerbaijan		09.12.2028	
Republic of Azerbaijan	Azerbaijan	C03	800683	12.09.2023	Azerbaijan		11.09.2033	
Certificate of Competency	Azerbaijan	RP	14012	01.12.2023	Azerbaijan		-	
Do you hold a US V	isa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -	
Do you hold a US V	YES/NO	NO	Issue Date:	- Expiry		Date:-		
Have you been rejected for any visa applied for?				YES/NO	NO			
If YES, please state	the country and re	easons		-				

Professional Test

- Foresteiner Fores							
Professional Test Date	Name of Test	Score					
-	-	-					

License 8

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	01.12.2023
Flag State Endorsements	-	-	-

STCW Certificates & Trainings	STCW Certificates & Trainings								
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry				
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-3520-23	UAG	13.07.2023	13.06.2028				
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3520-23	UAG	13.07.2023	13.06.2028				
ELEMENTARY FIRST AID	Azerbaijan	SO-3520-23	UAG	13.07.2023	13.06.2028				
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3520-23	UAG	13.07.2023	13.06.2028				
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3520-23	UAG	13.07.2023	13.06.2028				
International Safety Management	Azerbaijan	SP-2374-23	UAG	1.07.2023	21.07.2028				
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2395-23	UAG	14.07.2023	19.06.2028				
Security Awareness Training For All Seafarers	Azerbaijan	SI-2060-23	UAG	11.07.2023	14.06.2028				
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1986-23	UAG	27.07.2023	23.06.2028				
Ship Security Officer	Azerbaijan	-	-	-	-				
Leadership & Teamwork	Azerbaijan	-	-	-	-				
Advanced Training in Fire Fighting	Azerbaijan	-	-	-	-				
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0609-23	UAG	03.08.2023	03.08.2028				

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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

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
DEEP BLUE SHIPPING	M/V JASIM	Saint Kitts &Nevis	General Cargo Ship	5263	-	2998		Ordinary Seaman	02.04.2024	04.10.2024	6 months	End of Contract
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Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents		V50010	C 1			
Name Schengen		YES/NO YES/NO	Country NO		Date p	f Expire
US		YES/NO	NO			-
China		YES/NO	NO			-
Australia		YES/NO	NO			-
Insurance, Health Related	Documentation					
Medical Certificate (Fit for D					ES/NO	,
Wedical Certificate (Fit for E	outy)	Vaccin	ation	I	E3/NO	
Yellow Fever				Y	ES/NO	
COVID-19 e answer is YES to any of the	above, please give	e full details and a	ttach a separate page if		ES/NO	`
	above, please give	e full details and a	ttach a separate page if			
	e above, please give	e full details and a	ttach a separate page if			
e answer is YES to any of the			ttach a separate page if	necessary)	
Medical history Have you ever signed off a Have you undergone any of	ship due to medica	I reasons?		necessary		
Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	ship due to medica peration in the past or during the last 12	I reasons? ? ! months for an illne		necessary Y Y Y	ES/NO ES/NO ES/NO	
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Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a	ship due to medica peration in the past or during the last 12 disability problems is regularly? any of the above, place of a court of ensional license suspensional supports the suspensional license suspensional supports the problems of the supports the suspensional supports the suspensional supports the supports	I reasons? ? months for an illnonow? lease give full deta	ess/accident? ills and attach a separate n a maritime accident?	Y Y Y	ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO YES/NO	0
Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a	ship due to medica peration in the past or during the last 12 disability problems is regularly? any of the above, place of a court of ensional license suspensional supports the suspensional license suspensional supports the problems of the supports the suspensional supports the suspensional supports the supports	I reasons? ? months for an illnonow? lease give full deta	ess/accident? ills and attach a separate n a maritime accident?	Y Y Y	ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO YES/NO	0

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16	References (Please give the n	ame and address of your current or immediate pa	ast employer)
	Name of company	1	2

Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ 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.

Date:	17.10.2024

Signature

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