



# **APPLICATION FORM**

1	Position	identity card PIN Number 1RX4HGL
	Position Applied for:	Officer in charge of a navigational watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: SHAHMAR	Last Name: KHALAFLI
Date of Birth: 02.04.1987	Place of Birth (City and Country): Azerbaijan, KURDAMIR
Email: shako.xelefli@gmail.com	Mobile Number: (+994) 50 466 36 77
Permanent Address: Aziz Nazarov street, Badamdar settlement, Sabail district, Baku , Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: 2 <sup>ND</sup> Off

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Khalaf	Khalafli	Male	Father	+994503712176			

Maritime Education	Maritime Education							
Name of school	Country	From	То	Type of degree or diploma				
Azerbaijan State Marine Academy	Azerbaijan	2013	2017	Bachelor				

Physical Data	
Height	170
Weight	83
Boilersuit Size	50
Shoes Size	41
Blood group	A(II)RH+
Additional Physical Information:{You can write a	ny other information you want to add about your physique in this field.}

#### 6 Seaman'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	030106	09.10.2024	Azerbai	jan	09.10.2029
Certificate of Competency	Azerbaijan	000	06973	24.05.2024	Azerbaijan		24.05.2029
Republic of Azerbaijan	Azerbaijan	C05	255383	18.10.2024	Azerbaijan		17.10.2034
Do you hold a US Vis	JS Visa 'C1/D'? YES/NO NO		NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO NO		Issue Date:	-	Expiry	Date:-	
Have you been rejecte	YES/NO	NO					
If YES, please state the	-						

### **Professional Test**

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

### License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-3984-22	SMPA	31.08.2022	31.08.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3984-22	SMPA	31.08.2022	31.08.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-3984-22	SMPA	31.08.2022	31.08.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3984-22	SMPA	31.08.2022	31.08.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3984-22	SMPA	31.08.2022	31.08.2027
International Safety Management	Azerbaijan	SP-3294-22	SMPA	28.10.2022	28.10.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2629-22	SMPA	07.09.2022	07.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-3323-24	SMPA	20.08.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2145-22	SMPA	19.10.2022	19.10.2027
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0365-23	SMPA	13.06.2023	13.06.2028
Leadership & Teamwork	Azerbaijan	DL-0123-24	SMPA	23.02.2024	23.02.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-1047-23	SMPA	16.08.2023	16.08.2028
Proficiency in fast rescue boats	Azerbaijan	SU-0144-20	SMPA	21.10.2020	21.10.2025
Bridge Resource Management	Azerbaijan	SW-0574-22	SMPA	24.10.2022	24.10.2027
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0588-22	SMPA	31.10.2022	31.10.2027
Medical First Aid	Azerbaijan	SN-0171-24	SMPA	01.03.2024	Unlimited
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0629-23	SMPA	27.11.2023	27.11.2028
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0393-23	SMPA	19.09.2023	19.09.2028

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## **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
BUE CASPIAN	M/V CASPIAN ENDEAVOUR	Azerbaijan	Offshore Supply Vessel	3060	-	3107		Ale Seaman	04.06.2022	04.07.2022	1 month	End of Contract
BUE CASPIAN	M/V DMS- 2000	Azerbaijan	Offshore Supply Vessel	1481	Wartsila	1402		2 <sup>ND</sup> Officer	03.02.2023	22.05.2023	3 months	End of Contract
BUE CASPIAN	M/V DMS- 2000	Azerbaijan	Offshore Supply Vessel	1481	Wartsila	1402	-	2 <sup>ND</sup> Officer	01.07.2023	14.08.2023	1 month	End of Contract
BUE CASPIAN	M/V CASPIAN PRIDE	Azerbaijan	Offshore Supply Vessel	2300	-	2265	-	2 <sup>ND</sup> Officer	05.11.2023	05.12.2023	1 month	End of Contract
BUE CASPIAN	M/V CASPIAN GALA	Azerbaijan	Offshore Supply Vessel	3310	-	2241		2 <sup>ND</sup> Officer	18.01.2024	17.02.2024	1 month	End of Contract
BUE CASPIAN	M/V CASPIAN PROTECTOR	Azerbaijan	Offshore Supply Vessel	1671	-	2108		2 <sup>ND</sup> Officer	12.07.2024	14.08.2024	1 month	End of Contract

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Address: AZ1075, Azerbaijan, Baku, Yusii Vazir Chemenzemenii 119c. Afen Plaza Business Center 5nd floor, aps 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

0	-			
Generators				
Purifiers and Boilers	-			
Type of Cranes / No of Reefer Containers	-			
Other Experience				
Travel Documents				
Name	YES/NO	Country	Date pf E	xnire
Schengen	YES/NO	NO	- Date pi L	
US	YES/NO	NO	-	
China	YES/NO	NO	-	
Australia	YES/NO	NO	-	
Insurance ,Health Related Doo	umentation			
Medical Certificate (Fit for Duty)			YES/NO	YES
	Vaccin	ation		
Yellow Fever			YES/NO	NO
COVID-19			YES/NO	YES
Medical history				
Medical history  Have you ever signed off a ship	due to medical reasons?		YES/NO	NO
			YES/NO YES/NO	NO NO
Have you ever signed off a ship	ion in the past?	ess/accident?		
Have you ever signed off a ship Have you undergone any operat	ion in the past? ing the last 12 months for an illno	ess/accident?	YES/NO	NO NO NO
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor dur	ion in the past? ing the last 12 months for an illno ility problems now?	ess/accident?	YES/NO YES/NO	NO NO
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor dur Do you have any health or disab Do you take any medications reg	ion in the past? ing the last 12 months for an illno ility problems now?		YES/NO YES/NO YES/NO YES/NO	NO NO NO
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor dur Do you have any health or disab Do you take any medications reg	ion in the past? ing the last 12 months for an illne ility problems now? gularly?		YES/NO YES/NO YES/NO YES/NO	NO NO NO
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Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor dur Do you have any health or disab Do you take any medications reg  (If the answer is YES to any of  General  Have you ever been the subject of Have you ever had a professional  (If YES, please give full detail)  Ship Management ISM&ISPS Management	ion in the past? ing the last 12 months for an illne ility problems now? gularly? If the above, please give full deta of a court of enquiry or involved in license suspended or revoked? Is and attach a separate page if no Technical Me	ils and attach a separa n a maritime accident? necessary)	YES/NO YES/NO YES/NO YES/NO te page if necessary)  YES/NO YES/NO YES/NO	NO NO NO
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor dur Do you have any health or disab Do you take any medications reg  (If the answer is YES to any of  General  Have you ever been the subject of Have you ever had a professional  (If YES, please give full detail	ion in the past? ing the last 12 months for an illne ility problems now? gularly? If the above, please give full deta of a court of enquiry or involved in license suspended or revoked? Is and attach a separate page if n	ils and attach a separa n a maritime accident? necessary)	YES/NO YES/NO YES/NO YES/NO te page if necessary)  YES/NO YES/NO YES/NO	NO NO NO NO
Have you ever signed off a ship clave you undergone any operated a doctor during you have any health or disable you take any medications required the answer is YES to any content of the answer is YES to any content of the subject of the you ever been the subject of ave you ever had a professional (If YES, please give full detail)	ion in the past? ing the last 12 months for an illne ility problems now? gularly? If the above, please give full deta of a court of enquiry or involved in illicense suspended or revoked? Is and attach a separate page if n	ils and attach a separa	YES/NO YES/NO YES/NO YES/NO te page if necessary)  YES/NO YES/NO	NO NO NO

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

Name of company	1.BUE CASPIAN	2
Name of person to contact	-	-
Address	Azerbaijan /Baku	-
■ 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:	21.10.2024	
Signature			

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