



APPLICATION FORM

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

2	Personal Information Gender: Male				
	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 , Rudakanar street, Azerbaijan		Expected Salary Per Month: 1000\$-1300\$		
	Nationality: Azerbaijan		Alternative rank applying for: Rating forming part of a navigational watch		
	Person to call in emergency: (+994) 99 774 54 23 Father				

3	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

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

5	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.}		

6	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	C03800683		12.09.2023	Azerbaijan		11.09.2033
Certificate of Competency	Azerbaijan	RP14012		01.12.2023	Azerbaijan		-
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry Date: -	
Do you hold a US Visa 'B1/B2'?		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 reasons				-			

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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License

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

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	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

(Please give a full record starting with the last vessel on which you served)

[illegible]

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11 For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

-

12 Travel Documents

Name	YES/NO	Country	Date of Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

13 Insurance, Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	YES

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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14 Medical history

Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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15 General

Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

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

Name of company	1.-	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

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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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