



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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|                              |                                             |
|------------------------------|---------------------------------------------|
| <b>Position</b>              | <b>identity card PIN Number 5NZ7S6T</b>     |
| <b>Position Applied for:</b> | Rating forming part of an engine-room watch |
| <b>Date Available from:</b>  | -                                           |

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|                                                                          |                                                          |                     |
|--------------------------------------------------------------------------|----------------------------------------------------------|---------------------|
| <b>Personal Information</b>                                              |                                                          | <b>Gender: Male</b> |
| <b>First Name: BARAT</b>                                                 | <b>Last Name: AGHAYEV</b>                                |                     |
| Date of Birth: 06.12.1992                                                | Place of Birth (City and Country): Ukraine , ZAKARPATSKA |                     |
| Email: Barataliagayev@gmail.com                                          | Mobile Number: (+994) 55 631 39 90                       |                     |
| Permanent Address: Zarida Aliyeva street, Lankaran district , Azerbaijan | Expected Salary Per Month: -                             |                     |
| Nationality: Azerbaijan                                                  | Alternative rank applying for:-                          |                     |
| <b>Person to call in emergency: (+994) 51 330 39 90 Mother</b>           |                                                          |                     |

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|                                                                              |                  |               |                 |                |
|------------------------------------------------------------------------------|------------------|---------------|-----------------|----------------|
| <b>Family Details: (If Unmarried kindly give details of Father / Mother)</b> |                  |               |                 |                |
| <b>First Name</b>                                                            | <b>Last Name</b> | <b>Gender</b> | <b>Relation</b> | <b>Contact</b> |
| Almas                                                                        | Aghayev          | Female        | Mother          | +994513303990  |
|                                                                              |                  |               |                 |                |

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|                           |                |             |            |                                  |
|---------------------------|----------------|-------------|------------|----------------------------------|
| <b>Maritime Education</b> |                |             |            |                                  |
| <b>Name of school</b>     | <b>Country</b> | <b>From</b> | <b>To</b>  | <b>Type of degree or diploma</b> |
| IST Services              | Azerbaijan     | 12.01.2024  | 12.07.2024 | Course                           |
|                           |                |             |            |                                  |

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|                                                                                                                          |         |
|--------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Physical Data</b>                                                                                                     |         |
| Height                                                                                                                   | 175     |
| Weight                                                                                                                   | 67      |
| Boilersuit Size                                                                                                          | M       |
| Shoes Size                                                                                                               | 41      |
| Blood group                                                                                                              | O(I)RH+ |
| Additional Physical Information:{You can write any other information you want to add about your physique in this field.} |         |

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|                                          |                |               |                      |                       |                       |
|------------------------------------------|----------------|---------------|----------------------|-----------------------|-----------------------|
| <b>Seaman`s Book &amp; Identify Docs</b> |                |               |                      |                       |                       |
| <b>DOCUMENT</b>                          | <b>COUNTRY</b> | <b>NUMBER</b> | <b>DATE OF ISSUE</b> | <b>PLACE OF ISSUE</b> | <b>DATE OF EXPIRY</b> |
| Seaman Book                              | Azerbaijan     | DQK 030222    | 24.10.2024           | Azerbaijan            | 24.10.2029            |

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

**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

|                                                  |            |           |             |            |                |
|--------------------------------------------------|------------|-----------|-------------|------------|----------------|
| Certificate of Competency                        | Azerbaijan | RP16128   | 16.10.2024  | Azerbaijan | -              |
| Republic of Azerbaijan                           | Azerbaijan | C00781215 | 03.10.2015  | Azerbaijan | 02.10.2025     |
| 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 | 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-2945-24      | SMPA            | 30.07.2024  | 24.07.2029     |
| FIRE PREVENTION & FIRE FIGHTING                                 | Azerbaijan     | SO-2945-24      | SMPA            | 30.07.2024  | 24.07.2029     |
| ELEMENTARY FIRST AID                                            | Azerbaijan     | SO-2945-24      | SMPA            | 30.07.2024  | 24.07.2029     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY                         | Azerbaijan     | SO-2945-24      | SMPA            | 30.07.2024  | 24.07.2029     |
| SAFETY FAMILIARIZATION TRAINING                                 | Azerbaijan     | SO-2945-24      | SMPA            | 30.07.2024  | 24.07.2029     |
| International Safety Management                                 | Azerbaijan     | SP-2256-24      | SMPA            | 17.07.2024  | 04.07.2029     |
| Proficiency in Survival Craft & Rescue Boats                    | Azerbaijan     | SL-2116-24      | SMPA            | 28.06.2024  | 11.06.2029     |
| Security Awareness Training For All Seafarers                   | Azerbaijan     | SI-2317-24      | SMPA            | 30.05.2024  | Unlimited      |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan     | SH-1654-24      | SMPA            | 23.05.2024  | Unlimited      |

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(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**

Russian Language : Good

**12 Travel Documents**

| Name      | YES/NO | Country | Date pf 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 |
| <b>Vaccination</b>                 |        |     |
| 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)

**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)

**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: 06.11.2024

Signature

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