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## **APPLICATION FORM**

1	Position	identity card PIN Number 64T0T5A
	Position Applied for:	Rating forming part of a navigational watch
	Date Available from:	12.13.2023

Personal Information	Gender: Male
First Name: RAFIK	Last Name: RAHIMOV
Date of Birth: 10.12.1995	Place of Birth (City and Country): Azerbaijan, GUBA
Email: rafiqrhimov48@gmail.com	Mobile Number: (+994) 50 990 09 45
Permanent Address: Guba district, Daghli	Expected Salary Per Month:
village	900\$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 51 959	12 66 Father

3	Family Details: (If Unmarrie	Details: (If Unmarried kindly give details of Father / Mother)			
	First Name	Last Name	Gender	Relation	Contact
	Selim	Rehimov	Male	Father	051 959 12 66

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
KAINAT Maritime MMC	Azerbaijan	2022	2023	Course
Azerbaijan Maritime College	Azerbaijan	2012	2016	Sub-bachelor

Physical Data	
Height	161
Weight	64
Boilersuit Size	M
Shoes Size	42
Blood group	A(II)RH+
Additional Physical Information:{You can write any other information	n you want to add about your physique in this field.}

## 6 Seamen's Book & Identify Docs

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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply** Technical Services

DOCUMENT	COUNTRY	NU	MBER	DATE OF ISSUE	PLACE O	F ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	023468	29.04.2023	Azerb	aijan	29.04.2028
Certificate of Competency	Azerbaijan	RP	12762	19.04.2023	Azerb	aijan	-
Republic of Azerbaijan	Azerbaijan	C03	154526	02.04.2023	Azerb	aijan	01.04.2033
Do you hold a US Visa	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been rejecte	ed for any visa app	olied for?		YES/NO	NO		
If YES, please state th	ne country and rea	sons		-			

7 Professional Test

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

8 License

Name	Issuing Country	Place Issued	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-0580-23	SMPA	08.02.2023	08.02.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0580-23	SMPA	08.02.2023	08.02.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0580-23	SMPA	08.02.2023	08.02.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0580-23	SMPA	08.02.2023	08.02.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0580-23	SMPA	08.02.2023	08.02.2028
International Safety Management	Azerbaijan	SP-0490-23	SMPA	16.02.2023	15.02.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0507-23	SMPA	13.02.2023	13.02.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0397-23	SMPA	09.02.2023	09.02.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0350-23	SMPA	17.02.2023	17.02.2028

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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
FERSAN SHIPPING	M/V TEMEL REIS	Panama	Dry Cargo Vessel	2097	Deutz	1473	-	Ordinary Seaman	26.03.2024	28.09.2024	6 months 2days	End of Contract
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							1					
							21-51					
									7			
									/			
								40)/				
						6-7-7-7						

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Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Da	te pf Expi
Schengen		YES/NO	NO		-
US China		YES/NO YES/NO	NO NO	1	-
Australia		YES/NO YES/NO	NO		-
Insurance, Health Related	Documentation				
Medical Certificate (Fit for D	uty)			YES/No	O
		Vaccin	ation		
Yellow Fever				YES/NO	
COVID-19				YES/N	0
Medical history					
<b>Medical history</b> Have you ever signed off a s	ship due to medica	al reasons?		YES/N	0
Have you ever signed off a s Have you undergone any op	eration in the past	t?		YES/N	)
Have you ever signed off a s Have you undergone any op Have you consulted a doctor	peration in the past r during the last 12	t? 2 months for an illne	ess/accident?	YES/No	0
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d	peration in the past r during the last 12 lisability problems	t? 2 months for an illne	ess/accident?	YES/NO YES/NO YES/NO	0 0
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications	reration in the past r during the last 12 lisability problems s regularly?	t? 2 months for an illne now?		YES/NO YES/NO YES/NO YES/NO	0 0
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d	reration in the past r during the last 12 lisability problems s regularly?	t? 2 months for an illne now?		YES/NO YES/NO YES/NO YES/NO	0 0
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Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications (If the answer is YES to a	r during the last 12 lisability problems is regularly?  ny of the above, puect of a court of elicional license susp	t? 2 months for an illne now?  blease give full deta  nquiry or involved in pended or revoked?	ils and attach a separate	YES/No YES/No YES/No YES/No YES/No Page if necess	O O O O O O O O O O O O O O O O O O O
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications (If the answer is YES to a  General  Have you ever been the subj Have you ever had a profess	r during the last 12 lisability problems is regularly?  ny of the above, puect of a court of elicional license susp	t? 2 months for an illne now?  blease give full deta  nquiry or involved in pended or revoked?	ils and attach a separate	YES/No YES/No YES/No YES/No YES/No Page if necess	O O O O O O O O O O O O O O O O O O O

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

☎ No.	=			
Declaration				
I hereby declare that	the above particulars are tru	e and authorize you	to contac	ct the referees listed above.
	·			
I have read it, I am fa	miliar with it, I confirm with m	ny signature.		
			Date:	09.12.2024
			Date.	
Signa	iture			

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