



# **APPLICATION FORM**

1	Position	identity card PIN Number 4TETVWT					
	Position Applied for:	Rating forming part of an engine -room watch					
	Date Available from:	-					

First Name: RAUF	Last Name: AKBAROV
Date of Birth: 29.01.1989	Place of Birth (City and Country): Azerbaijan, LANKARAN
Email: ekberovrauf99@gmail.com	Mobile Number: (+994) 70 281 41 50
Permanent Address: Kanaresha village, Lankaran district, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for:
	Fitter

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Igbal	Akbarov	Male	Brother	+994706358682			

•	Maritime Education							
	Name of school	Country	From	То	Type of degree or diploma			
	IST Services	Azerbaijan	16.04.2024	16.10.2024	Course			

Physical Data	
Height	170
Weight	86
Boilersuit Size	XL
Shoes Size	41-42
Blood group	A(II)RH+

6	Seaman's Book & Identify Docs								
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY			
	Seaman Book	Azerbaijan	DQK 030538	10.12.2024	Azerbaijan	10.12.2029			

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

Certificate of Competency	Azerbaijan	RP16311		02.12.2024	Azerba	ijan	-
Republic of Azerbaijan	Azerbaijan	C02388924		26.01.2019	Azerbaijan		25.01.2029
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?			Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO	NO	Issue Date:	- Expiry Date:-		Date:-	
Have you been reject	ed for any visa app		YES/NO	NO			
If YES, please state the	ne country and reas	-					

**Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

License

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

9

8

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-3549-24	SMPA	20.09.2024	10.09.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3549-24	SMPA	20.09.2024	10.09.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3549-24	SMPA	20.09.2024	10.09.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3549-24	SMPA	20.09.2024	10.09.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3549-24	SMPA	20.09.2024	10.09.2029
International Safety Management	Azerbaijan	SP-3035-24	SMPA	10.09.2024	05.09.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3570-24	SMPA	14.10.2024	17.09.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-3859-24	SMPA	01.10.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3043-24	SMPA	18.09.2024	Unlimited
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-1042-24	SMPA	01.10.2024	Unlimited
Welder Certificate	Azerbaijan	MES-JV/28482	IST	27.09.2024	-

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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
-	-	-	-	-	-	-	-	-	-	-	-	-
						aHI						
			100									
							AP					
							3416					
								100				

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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

11	For Engineers	(Please provide details)

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

### **Other Experience**

I worked as a welder in the Zig Ship Repair factory for 4 years. Baku Regional Vocational Training Center -14.07.2014 (Electric Welder) Azerbaijan Language : Native

#### **Travel Documents** 12

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

#### Insurance ,Health Related Documentation 13

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)

### Medical history

mountain motory		
Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?		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?		NO
Do you take any medications regularly?		NO

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

## 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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16 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.	-	-

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.

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20.12.2024

Date: