



APPLICATION FORM

1	Position		identity card PIN Number 783WR0P		
	Position Applied for:		Electro Technical Officer		
	Date Available from:		-		

2	Personal Information		Gender: Male		
	First Name: HEYDAR		Last Name: MIRZAZADA		
	Date of Birth: 03.06.2001		Place of Birth (City and Country): Azerbaijan, BAKU		
	Email: mirzezadeheyder@gmail.com		Mobile Number: (+994) 50 392 23 16 ; (+994)99 392 23 16		
	Permanent Adress: Baku City , Khazar district , Mardakan .		Expected Salary Per Month: 2000\$		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 50 647 65 34 Father				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Mahir	Mirzayev	Male	Father	050 647 65 34
	Mahur	Tahirov	Male	Grandfather	050 287 33 90

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2018	2022	Bachelor

5	Physical Data	
	Height	176
	Weight	120
	Boilersuit Size	XXXL
	Shoes Size	45
	Blood group	O(I)RH-
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}		

6	Seaman`s Book & Identify Docs					
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
	Seaman Book	Azerbaijan	DQK 026246	27.12.2023	Azerbaijan	27.12.2028

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	0008380	13.01.2025	Azerbaijan	13.01.2030
Republic of Azerbaijan	Azerbaijan	C02259632	22.08.2019	Azerbaijan	21.08.2029
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	19.11.2021
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-5904-23	SMPA	22.12.2023	22.12.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5904-23	SMPA	22.12.2023	22.12.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5904-23	SMPA	22.12.2023	22.12.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5904-23	SMPA	22.12.2023	22.12.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5904-23	SMPA	22.12.2023	22.12.2028
International Safety Management	Azerbaijan	SP-3992-23	SMPA	15.12.2023	15.12.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4018-22	SMPA	12.12.2022	12.12.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-3974-23	SMPA	15.12.2023	08.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2432-22	SMPA	14.12.2022	14.12.2027
Training in advanced fire-fighting	Azerbaijan	SJ-1179-24	SMPA	22.11.2024	22.11.2029
Leadership and Teamwork	Azerbaijan	DL-0707-24	SMPA	29.11.2024	29.11.2029
Medical Firs Aid	Azerbaijan	SN-1144-24	SMPA	10.12.2024	Unlimited

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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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For Engineers (Please provide details)

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

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Other Experience

English Language: Good
Turkish Language : Good

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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	-

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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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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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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: 25.01.2025

Signature

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