



APPLICATION FORM

1	Position		identity card PIN Number 6JSMETR
	Position Applied for:	Able Seafarer-Engine	
	Date Available from:	-	

2	Personal Information		Gender: Male
	First Name: MURAD	Last Name: YOLCHIYEV	
	Date of Birth: 01.12.1998	Place of Birth (City and Country): Azerbaijan ,SHAMAKHI	
	Email: yolcuyevmurad@gmail.com	Mobile Number: (+994) 70 806 80 06	
	Permanent Address: Sulutapa settl, Ruslan Allahverdiyev str, Baku, Azerbaijan	Expected Salary Per Month: 1200\$-1600\$	
	Nationality: Azerbaijan	Alternative rank applying for:-	
Person to call in emergency: (+994) 55 699 62 65 Father			

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Elmar	Yolchiyev	Male	Father	+994556996265

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Azerbaijan State Maritime College	Azerbaijan	2014	2018	Sub-Bachelor

5	Physical Data	
	Height	168
	Weight	60
	Boilersuit Size	S
	Shoes Size	40
	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	Seaman`s Book & Identify Docs					
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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

Seaman Book	Azerbaijan	DQK 026030	09.12.2023	Azerbaijan	09.12.2028
Certificate of Competency	Azerbaijan	RP14006	01.12.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03940374	14.09.2023	Azerbaijan	13.09.2023
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	-				

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

License

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

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4662-23	SMPA	11.09.2023	11.09.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4662-23	SMPA	11.09.2023	11.09.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4662-23	SMPA	11.09.2023	11.09.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4662-23	SMPA	11.09.2023	11.09.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4662-23	SMPA	11.09.2023	11.09.2028
International Safety Management	Azerbaijan	SP-3090-23	SMPA	13.09.2023	13.09.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3537-23	SMPA	19.09.2023	19.09.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2978-23	SMPA	14.09.2023	14.09.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2597-23	SMPA	21.09.2023	21.09.2028

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chamanzadeh 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

Azerbaijan Language : Native
 Turkish Language: Good
 Russian Language: Average
 English Language: Average

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
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)

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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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.

Date: 01.02.2025

Signature

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