



APPLICATION FORM

1	Position		identity card PIN Number 1DEFHXU
	Position Applied for:	Rating forming part of a navigational watch	
	Date Available from:	-	

2	Personal Information		Gender: Male
	First Name: NIZAMI	Last Name: MAMMADOV	
	Date of Birth: 15.02.1983	Place of Birth (City and Country): Azerbaijan, BAKU	
	Email: mamedovnazami517@gmail.com	Mobile Number: (+994) 55 632 95 25	
	Permanent Address: Surakhani district, Hovsan settlement, Oktay Shabanov street, Home 101	Expected Salary Per Month: 1400\$-1500\$	
	Nationality: Azerbaijan	Alternative rank applying for:	
Person to call in emergency: (+994) 55 626 65 78 Brother			

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Tural	Mammadov	Male	Brother	+994 55 626 65 78

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Marine Fishing Technical School	Azerbaijan	2001	2005	Sub Bachelor

5	Physical Data	
	Height	170
	Weight	73
	Boilersuit Size	L
	Shoes Size	41
	Blood group	B(III)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

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 Cəmənzəminli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 024900		06.09.2023	Azerbaijan		06.09.2028
Certificate of Competency	Azerbaijan	RP13422		28.08.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03570873		22.07.2023	Azerbaijan		21.07.2033
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 TECHNIQS	Azerbaijan	SO-4236-23	SMPA	16.08.2023	08.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4236-23	SMPA	16.08.2023	08.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4236-23	SMPA	16.08.2023	08.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4236-23	SMPA	16.08.2023	08.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4236-23	SMPA	16.08.2023	08.08.2028
International Safety Management	Azerbaijan	SP-2728-23	SMPA	10.08.2023	10.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2947-23	SMPA	09.08.2023	09.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2367-23	SMPA	03.08.2023	03.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2119-23	SMPA	04.08.2023	04.08.2028

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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
English Language : Average

12 Travel Documents

Name	YES/NO	Country	Date pf Expire
Spain	YES/NO	YES	13.03.2024
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)

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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)

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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.LIDER SHIPPING	2.-
Name of person to contact	-	-
Address	Istanbul /Turkey	-
☎ 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: 03.02.2025

Signature

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