## **APPLICATION FORM**



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	Per	son	al I	D N	um	ber			

Position Applied for: SEAMAN and Fiter							Date Available from:ANY TIME			
						•				
1. PersonalD	ata									
Family Nam AHMADZAD		First Name: SAMIR	SAMIR				Middle Name: KHANOGHLAN			
Date of Birth: 20.08.1995 Place of Birth: AZERBAIJAN,BAKU Citize					Citize	nship: AZEI	BAIJANIAN			
Permanent A ASTARA	RBAIJAN,BAF	Phone (Bus					olobile): <mark>+9945</mark> Izade73@gm			
2. Maritimel	Education									
Nameof		Country	7	Town	Fr	rom	То	Type of	degree or diploma	
AZERBAIJAN	N CASPIAN	AZERBAIJAN	BA	KU	16.04	1.2024	16.10.2024			
3. Profession	alTest									
EnglishTestDate		NameofTest			Score	Score				
ProfessionalTes	tDate		NameofTest			Score	Score			
ProfessionalInte	erviewDate		Result							
4. FamilyDe	tails									
Civil Status(Single	, Married, Separated	d, Divorced, Widowed	): MARR	IED						
Next of Kin (the fi	act):		Relationship / my number							
Address of Residen					Phone:					
Γ	- I						<u> </u>			
	Doughter	Son								
FamilyName										
FirstName										
DateofBirth Cityofliving										
PhoneNumbers										
1 nonerumbers										
5. IdentityDe	ocuments				_					
Document					aceofIssue	)	IssueDate	ExpiryDate		

Seaman'sBook	AZERBAIJAN	AZE035418	State Maritime Administration	11.12.2024	11.12.2029
TravelPassport	AZERBAIJAN	C05150043	AZERBAIJAN. BAKU	18.12.2024	17.12.2034

6. ValidVisa							
CountryorUnion	Type	ValidUntil					

7. Courses Attended and Certificates Obtai	ned				
Document	Number	Da	ites	Place	
Document	Number	Issue	Expiry	Trace	
CertificateofCompetency	RP16304	02.12.2024		State Maritime Administration	
MalteseEndorsementof COC					
OilTankerEndorsement					
ChemicalTankerEndorsement					
GasTankerEndorsement					
Advanced training for oil tanker cargo operations					
ChemicalTankerFamiliarizationTraining					
GasTankerFamiliarizationTraining					
OilTankersSpecializedTraining					
ChemicalTankerSpecializedTraining					
GasTankerSpecializedTraining					
BasicTrainings	SO-4286-24	15.11.2024	23.10.2029	State Maritime Administration	
Proficiency in Survival Craft and Rescue Boats	SL-3889-24	14.11.2024	30.10.2029	State Maritime Administration	
AdvancedFireFighting					
MedicalFirstAidTraining					
Medical First Aid Training and Medical Care					
RO-ro					
Crisis management and human behavior training					
RadarObservation&Plotting					
<b>Automatic Radar Plotting Aids Simulator (ARPA)</b>					
BridgeTeamManagement					
Shiphandling&Maneuvering					
Ship Security-related familiarization security-awa	SI-4401-24	18.11.2024		State Maritime Administration	
reness training	51-4401-24	10.11.2024		State Martune Administration	
MalteseEndorsementof SSO					
ISM Code	SP-3555-24	17.10.2024	11.10.2029	State Maritime Administration	
SafetyOfficer					
<b>ECDISTrainingCourse</b>					
RiskAssessmentCourse					
C.O.W./ I.G.S					
FirePracticeonTankers					
WELDER	MES-JV/28505	18.10.2024	18.10.2027	AZERBAIJAN	
UnmannedMachinerySpace					
FRAMO FamiliarizationCourse					
Cargo Ballast Operations on Oil/Chemical Tankers					
Engine resoursce management					
Leadership and Teamwork					
High woltage					
Risk Management And Incident Investigation					
Training of seafarers with designated security duties	SH-3403-24	24.10.2024		State Maritime Administration	
Dangerous hazardous and harmfull cargoes					
BasicTraining and qualifications on oil and chemic al tanker cargo operations	SA-1177-24	25.10.2024		State Maritime Administration	

8. PhysicalData	
Height	170

Weight	76							
ColourofHair	Black							
ColourofEyes	Chestnut							
BoilersuitSize		41						
ShoesSize	2XL							
Shoessize	ZAL							
9. MedicalHistory			Yes	No				
Have you ever signed off a ship due to r	nedical reasons?			+				
Did you undergo any medical operation	in the past?			+				
Have you consulted a doctor during the	last 12 months for an il	lness/accident?		+				
Do you have any health or disability pro	blems now?			+				
			•	•				
If yes, please give full details:								
	T	1						
Tutamatianal Marianal Marianal	Passed:	Valid						
International Medical Examination	28.03.2024	28.0	3.2026					
VaccinationAgainstYellowFiver								
VaccinationAgainstDiphtheria								
L								
10. References (please give name and address of you	our current or past employer)	Officerema	ırks					
NameofCompany								
Name of person to contact								
Address								
Phone								
Thone								
NameofCompany								
Name of person to contact								
Address								
Phone								
11. Bankaddressforallotments								
Beneficiary								
AccountNo.								
NameofBank								
BankAddress				_				
12. Knowledgeandexperience		Yes		No				
OCIMF vettingexperience:								
ISGOT knowledge:								
12 Thanks July 41 42 1	-L- 12 N.C. 12 1 TT - /	· · · · · · · · · · · · · · · · · · ·						
13. I hereby declare that the above, in	cluding Medical Histo	ory, is true						
Place								
14 ForOfficersconler		'						
14. ForOfficeuseonly								

## 15. SeagoingExperience

Nameofves sel	Flag	Vessel 's Ty pe	DW T	EngTy pe	НР	Manageror Owner	Rank	From d/ m/y	To d/m/	Tota l m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan company	cadet	16.07.2024	15.10.2024	3 mnt

Total rank sea service:

**Total type of vessel sea service:** 

	Total Falls Sca Sci vice.	Total type of vessel sea service.				
Rank	Years	Typeofvessel	Years			
		OIL TANKER				
		LPG				
		DRY CARGO				
		TANKER ICE				
		OIL /CHEMICAL TANKE				
		R				
		FERRY				
Total		Total:				