



APPLICATION FORM

1	Position	identity card PIN Number 2Z0L570				
	Position Applied for:	Officer in charge of an engineering watch				
	Date Available from:	-				

First Name: RUFAT	Last Name: YAGUBOV
Date of Birth: 27.05.2000	Place of Birth (City and Country): Azerbaijan, BAKU
Email: rufetyaqubov55@gmail.com	Mobile Number: (+994) 55 631 01 48
Permanent Address: Nizami district, Baku	Expected Salary Per Month:
city, Azerbaijan	1800\$+
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)									
	First Name	Last Name	Gender	Relation	Contact					
	Latifa	Yagubova	Female	Mother	+994553479382					

4	Maritime Education								
	Name of school	Country	From	То	Type of degree or diploma				
	Azerbaijan State Marine Academy	Azerbaijan	2017	2021	Bachelor				

Height	178
Weight	97
Boilersuit Size	56
Shoes Size	43-44
Blood group	AB(IV)RH+

6	Seaman's Book & Id	entify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF

Ship Management | Yacht Management | Sale & Purchasing

Ship Management
Ship Agency
Consultations
Provision, Ship Supply

5

Yacht Management
Technical Management
Ship Brokering
Surveying & Monitoring
New Building & Rengir

Sale & Purchasing
Ship Agency
Exclusive Cargo Brokering
Bunker Supply
Technical Services

Provision, Ship Supply

New Building & Repair

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

Seaman Book	Azerbaijan	DQK 021734		22.10.2022	Azerb	oaijan	22.10.2027
Certificate of Competency	Azerbaijan	0008386		22.01.2025	Azert	oaijan	22.01.2030
Republic of Azerbaijan	Azerbaijan	C01877665		22.07.2018	Azert	oaijan	21.07.2028
Do you hold a US Vis	a 'C1/D'?	a 'C1/D'? YES/NO NO		Issue Date:	-	- Expiry Date:	
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	- Expiry Date:-		Date:-
Have you been reject	YES/NO	NO					
If YES, please state the	-						

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

9

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

STCW Certificates & Trainings Training Date Of **Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-4467-22 SMPA 29.09.2022 15.09.2027 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-4467-22 **SMPA** 29.09.2022 15.09.2027 **SMPA** ELEMENTARY FIRST AID Azerbaijan SO-4467-22 29.09.2022 15.09.2027 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-4467-22 **SMPA** 29.09.2022 15.09.2027 SAFETY FAMILIARIZATION TRAINING SO-4467-22 **SMPA** 29.09.2022 15.09.2027 Azerbaijan **International Safety Management** Azerbaijan SP-2964-22 **SMPA** 30.09.2022 09.09.2027 Proficiency in Survival Craft & Rescue **SMPA** SI-2222-22 04.08.2022 21.07.2027 Azerbaijan **Boats** Security Awareness Training For All SI-2426-22 SMPA 29.09.2022 27.09.2027 Azerbaijan Seafarers Security Training For Seafarers With SH-1506-22 SMPA 05.08.2022 04.07.2027 Azerbaijan **Designated Security Duties** Azerbaijan SC-0132-24 SMPA 25.07.2024 **Crowd Management Training** SMPA Leadership & Teamwork Azerbaijan SJ-0855-24 07.08.2024 07.08.2029 Advanced Training in Fire Fighting DL-0526-24 SMPA 23.08.2024 Azerbaijan 23.08.2029 Basic training and qualifications on oil SA-0006-24 **SMPA** 10.01.2024 10.01.2029 Azerbaijan and chemical tanker cargo operations; ER-0217-24 SMPA 17.07.2024 17.07.2029 Eugenie-room resource management Azerbaijan Azerbaijan Medical First Aid SN-0795-24 SMPA 16.08.2024 Unlimited

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

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Tel: +994 51 277 19 31

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
ASCO	M/V AKADEMIK HASAN ALIYEV	Azerbaijan	Passenger /Ro-Ro Cargo Ship	3985	B&W	11450		Motorman	02.08.2023	30.10.2023	3 months	End of Contract
			40									
			AW									
							D 4 1					
			144						W			
									7			
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							7-/ [2]					

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**

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Generators								
Purifiers and Boilers	-							
Type of Cranes / No of Reefer Containers	-							
Other Experience								
-								
Travel Documents								
Name	YES/NO	Country	Date pf					
Schengen	YES/NO YES/NO	NO NO	-					
US China	YES/NO	NO	-					
Australia	YES/NO	NO	-					
			1					
Insurance ,Health Related Doc	umentation							
Medical Certificate (Fit for Duty)			YES/NO	Y				
Yellow Fever	Vaco	cination	YES/NO	1				
COVID-19			YES/NO	Y				
Medical history			YES/NO	ı				
Medical history Have you ever signed off a ship of	due to medical reasons?							
Have you ever signed off a ship have you undergone any operation	ion in the past?		YES/NO					
Have you ever signed off a ship Have you undergone any operation Have you consulted a doctor dur	ion in the past? ing the last 12 months for an il	Iness/accident?	YES/NO					
Have you ever signed off a ship of the Have you undergone any operation Have you consulted a doctor durn Do you have any health or disable.	ion in the past? ing the last 12 months for an il ility problems now?	Iness/accident?	YES/NO YES/NO	l				
Have you ever signed off a ship of the Have you undergone any operation Have you consulted a doctor durn Do you have any health or disab Do you take any medications reg	ion in the past? ing the last 12 months for an il ility problems now?		YES/NO YES/NO YES/NO	1 1				
Have you ever signed off a ship of the Have you undergone any operation Have you consulted a doctor durn Do you have any health or disab Do you take any medications reg	ion in the past? ing the last 12 months for an il ility problems now? gularly?		YES/NO YES/NO YES/NO	1				
Have you ever signed off a ship of the Have you undergone any operation Have you consulted a doctor durn Do you have any health or disab Do you take any medications reg	ion in the past? ing the last 12 months for an il ility problems now? gularly?		YES/NO YES/NO YES/NO	1				
Have you ever signed off a ship of Have you undergone any operation Have you consulted a doctor durn Do you have any health or disab Do you take any medications regulation. (If the answer is YES to any o	ion in the past? ing the last 12 months for an il ility problems now? gularly? f the above, please give full de	etails and attach a separate	YES/NO YES/NO YES/NO	1				
Have you ever signed off a ship of Have you undergone any operation Have you consulted a doctor durn Do you have any health or disab Do you take any medications regulations (If the answer is YES to any o	ion in the past? ing the last 12 months for an il ility problems now? gularly? If the above, please give full de	etails and attach a separate	YES/NO YES/NO YES/NO page if necessary))				
Have you ever signed off a ship of Have you undergone any operation Have you consulted a doctor dure Do you have any health or disab Do you take any medications regulated (If the answer is YES to any of General Have you ever been the subject of Have you ever had a professional	ion in the past? ing the last 12 months for an il ility problems now? gularly? If the above, please give full de	etails and attach a separate d in a maritime accident? d?	YES/NO YES/NO Page if necessary) YES/NO					
Have you ever signed off a ship of Have you undergone any operation Have you consulted a doctor dure Do you have any health or disab Do you take any medications regulated (If the answer is YES to any of General Have you ever been the subject of Have you ever had a professional	ion in the past? ing the last 12 months for an il ility problems now? gularly? If the above, please give full de of a court of enquiry or involved il license suspended or revoke	etails and attach a separate d in a maritime accident? d?	YES/NO YES/NO Page if necessary) YES/NO)				

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16	References (Please give the n	ame and address of your current or immediate pa	ast employer)
	Name of company	1	2

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:	07.02.2025

Signature

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