



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 1G7HMFJ
Position Applied for:	Chief Mate
Date Available from:	-

2

Personal Information	Gender: Male
First Name: EMIN	Last Name: KARIMOV
Date of Birth: 12.12.1986	Place of Birth (City and Country): Azerbaijan, BAKU
Email:-	Mobile Number: (+994) 55 894 60 76
Permanent Address: Surakhani district, Baku, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 55 464 20 08 Son	

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Rashad	Karimov	Male	Son	+994554642008

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2003	2013	Bachelor

5

Physical Data	
Height	185
Weight	120
Boilersuit Size	5XL
Shoes Size	43
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

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 028952	16.07.2024	Azerbaijan	16.07.2029
Certificate of Competency	Azerbaijan	0006366	08.07.2024	Azerbaijan	08.07.2029
Republic of Azerbaijan	Azerbaijan	C05276108	18.07.2024	Azerbaijan	17.07.2034
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-5641-23	SMPA	08.12.2023	08.12.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5641-23	SMPA	08.12.2023	08.12.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5641-23	SMPA	08.12.2023	08.12.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5641-23	SMPA	08.12.2023	08.12.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5641-23	SMPA	08.12.2023	08.12.2028
International Safety Management	Azerbaijan	SP-0045-24	SMPA	10.01.2024	07.01.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4666-23	SMPA	30.12.2023	28.12.2028
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0051-24	SMPA	25.01.2024	19.01.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2931-23	SMPA	07.11.2023	07.11.2028
Ship Security Officer	Azerbaijan	SG-0479-23	SMPA	30.12.2023	30.12.2028
Leadership & Teamwork	Azerbaijan	DL-0941-23	SMPA	20.11.2023	14.11.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0106-24	SMPA	31.01.2024	26.01.2029
Medical First Aid	Azerbaijan	SN-1839-23	SMPA	15.12.2023	15.12.2028
Medical Care	Azerbaijan	SM-0001-24	SMPA	15.01.2024	15.01.2029
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0576-23	SMPA	07.11.2023	04.11.2028
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0443-23	SMPA	27.10.2023	27.10.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0616-23	SMPA	20.11.2023	16.11.2028
Bridge Resource Management	Azerbaijan	SW-0525-23	SMPA	24.11.2023	23.11.2028
Ship Handling and Maneuvering	Azerbaijan	SV-0391-23	SMPA	01.12.2023	01.12.2028

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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 ABBASGULU A. BAKHIKHANOV	Azerbaijan	Oil Products Taker	-	-	5000	-	Seaman	24.02.2012	-	-	End of Contract
ASCO	M/V SHAIR SABIR	Azerbaijan	General Cargo Ship	5509	MAK	4182	-	Seaman	07.11.2013	-	-	End of Contract
ASCO	M/V MUHENDIS MUSTAFA ALI	Azerbaijan	Oil Products Taker	5387	-	4181	-	3 RD Officer	30.12.2015	-	-	End of Contract
ASCO	M/V PR.HEYDAR ALIYEV	Azerbaijan	Oil Products Taker	13470	Wartsila	7833	-	3 RD Officer	21.07.2016	-	-	End of Contract
ASCO	M/V KHOROGLU	Azerbaijan	Oil Products Taker	13030	-	7842	-	3 RD Officer	26.05.2017	-	-	End of Contract
ASCO	M/V PR. AZIZ ALIYEV	Azerbaijan	Oil Products Taker	-	-	5090	-	3 RD Officer	21.06.2017	-	-	End of Contract
ASCO	M/V MIKAYIL MUSFHIG	Azerbaijan	General Cargo Ship	4150	-	3714	-	3 RD Officer	15.08.2017	-	-	End of Contract
ASCO	M/V ISLAM SAFARLI	Azerbaijan	Crude Oil Tanker	4987	-	4185	-	3 RD Officer	20.11.2017	-	-	End of Contract
CASPIAN BASIN ACCIDENT	M/V SVETLOMOR-2	Azerbaijan	Offshore Tug /Supply	1000	-	1695	-	3 RD Officer	10.09.2018	-	-	End of Contract
CASPIAN BASIN ACCIDENT	M/V SVETLOMOR-2	Azerbaijan	Offshore Tug /Supply	1000	-	1695	-	2 ND Officer	12.11.2018	-	-	End of Contract

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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 : Good

12 Travel Documents

Name	YES/NO	Country	Date of 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)

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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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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.



Signature

Date: 05.03.2025

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