



### APPLICATION FORM

ABLE SEAFARER		Date Available from:			
1. Personal Data					
Family Name: RAFIYEV		First Name: TELMAN		Patronymic: TEMIRSHAH	
Date of Birth: 22.12.1989		Place of Birth (City and Country): GUSAR AZERBAIJAN		Citizenship: AZERBAIJAN	
Permanent Address: GUSAR, HIL			Phone (Mobile): +99470 907 19 35 E-mail: rafievtelman@gmail.com		
2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
"KAINAT MARITIME" MMC	Baku	Azerbaijan	25.04.2024	21.01.2025	A/B Sailor
3. Language knowledge					
English					

Russian	well	
Azerbaijan	well	

Turkish	Well

#### 4. Family Details

Civil Status(Single, Married, Separated, Divorced, Widowed) : Single

Next of Kin (the first emergency contact):

Relationship: Father  
Number: (+994)77 507 19 35

#### 5. Identity Documents

Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	Azerbaijan	DQK031030	State of maritime administration	18.02.2025	18.02.2030
Travel Passport	Azerbaijan	C02697806	Ministry of internal affairs	17.09.2019	16.09.2029
Civil Passport	Azerbaijan	AA0988963	ASAN		12.09.2029

#### 6. Courses Attended and Certificates Obtained

Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	RP16566 0127/25	10.02.2025		AZERBAIJAN
Basic Trainings	SO-3903-24	10.10.2024	08.10.2029	AZERBAIJAN

Proficiency in Survival Craft and Boats other than fast rescue boats	SL-3461-24	14.10.2024	14.10.2029	AZERBAIJAN
Ship security-related familiarization security-awareness training	SI-3879-24	04.10.2024		AZERBAIJAN
International safety management code,	SP-3402-24	10.10.2024	09.10.2029	AZERBAIJAN
Training for seafarers with designated security duties	SH-3237-24	09.10.2024		AZERBAIJAN
Seafarers medical certificate		08.06.2024	08.06.2026	AZERBAIJAN

<b>7. Physical Data</b>		
Height	172	
Weight	82	
Colour of Hair	BLACK	
Colour of Eyes	BROW	
Boilersuit Size	L	
Shoes Size	42	
<b>8. Medical History</b>	<b>Yes</b>	<b>No</b>
Have you ever signed off a ship due to medical reasons?		x
Did you undergo any medical operation in the past?		x
Have you consulted a doctor during the last 12 months for an illness/ accident?		x

Do you have any health or disability problems now?				x
Name of Company				
Name of person to contact				
Address				
Phone				
9. References (please give name and address of your current or past employer)			Office remarks	
	10. Bank address for allotments			
	Beneficiary			
	Account No.			
	Name of Bank			
	Bank Address			

11. Seagoing Experience							
Name of vessel	Flag	Vessel's Type	DW T	Manager or Owner	Rank	From d/m/y	To d/m/y
M/V Svetlomor-2	AZERBAIJAN		1650		A/B	26.07.24	25.10.24