



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 0YZKA12</b>
<b>Position Applied for:</b>	Master
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: RUFAT</b>	<b>Last Name: GULIYEV</b>	
Date of Birth: 02.09.1984	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: gulievrufat84@gmail.com	Mobile Number: (+994) 55 650 32 60 : (+994) 70 826 88 84	
Permanent Address: E.Aliyev str, Khatai dist, Baku, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for:-	
<b>Person to call in emergency: (+994) 50 441 30 17 Brother</b>		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Huseyn	Guliyev	Male	Brother	+994504413017

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Azerbaijan State Marine Academy	Azerbaijan	2002	2006	Bachelor

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<b>Physical Data</b>	
Height	176
Weight	95
Boilersuit Size	4XL
Shoes Size	43
Blood group	O(I)RH-
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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<b>Seaman`s Book &amp; Identify Docs</b>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>

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 027329	29.03.2024	Azerbaijan	29.03.2029
Certificate of Competency	Azerbaijan	0004677	24.11.2023	Azerbaijan	20.10.2028
Republic of Azerbaijan	Azerbaijan	C01616812	22.04.2017	Azerbaijan	21.04.2027
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 &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-5079-23	SMPA	20.10.2023	20.10.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5079-23	SMPA	20.10.2023	20.10.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5079-23	SMPA	20.10.2023	20.10.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5079-23	SMPA	20.10.2023	20.10.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5079-23	SMPA	20.10.2023	20.10.2028
International Safety Management	Azerbaijan	SP-3412-23	SMPA	20.10.2023	20.10.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3863-23	SMPA	20.10.2023	20.10.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1346-24	SMPA	08.04.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0972-24	SMPA	08.04.2024	Unlimited
Ship Security Officer	Azerbaijan	SG-0367-23	SMPA	20.10.2023	20.10.2028
Leadership & Teamwork	Azerbaijan	DL-0852-23	SMPA	20.10.2023	20.10.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1312-23	SMPA	20.10.2023	20.10.2028
Updating	Azerbaijan	XS-0588-23	SMPA	20.10.2023	20.10.2028
Dangerous ,hazardous and harmful cargoes	Azerbaijan	SK-0263-24	SMPA	15.04.2024	15.04.2029
Ship Handling and Maneuvering	Azerbaijan	SV-0323-23	SMPA	20.10.2023	20.10.2028
Medical First Aid	Azerbaijan	SN-1556-23	SMPA	20.10.2023	20.10.2028
Medical Care	Azerbaijan	SM-0458-23	SMPA	20.10.2023	20.10.2028
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0543-23	SMPA	20.10.2023	20.10.2028
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0436-23	SMPA	20.10.2023	20.10.2023
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0574-23	SMPA	20.10.2023	20.10.2028
Bridge Resource Management	Azerbaijan	SW-0459-23	SMPA	20.10.2023	20.10.2028

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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**For Engineers (Please provide details)**

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

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**Other Experience**

Azerbaijan Language ; Native  
 Russian Language ; Good  
 Turkish Language : Good  
 English Language ;Good

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**Travel Documents**

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

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**Insurance ,Health Related Documentation**

Medical Certificate (Fit for Duty)	YES/NO	YES
<b>Vaccination</b>		
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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**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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**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)

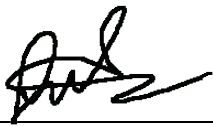
Name of company	1.PALMALI SHIPPING	2.-
Name of person to contact	-	-
Address	--	-
☎ No.	-	-

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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.



Signature

Date: 02.04.2025

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