



APPLICATION FORM

1	Position identity card PIN Number 51X2HQY
Position Applied for: OFFICER IN CHARGE OF AN ENGINEERING WATCH	
Date Available from: -	

2	Personal Information Gender: Male
First Name: MURAD Last Name: SHAHBAZOV	
Date of Birth: 31.10.1987 Place of Birth (City and Country): Azerbaijan, Astara	
Email: muradsahbazov666@gmail.com Mobile Number: (+994) 55 240 10 80	
Permanent Address: Azerbaijan, Sabail, Elchin A. 2/2A Expected Salary Per Month: 3000\$ -3500 \$	
Nationality: Azerbaijan Alternative rank applying for: -	
Person to call in emergency: (+994) 55 657 45 03 Mother	

3	Family Details: (If Unmarried kindly give details of Father / Mother)			
First Name	Last Name	Gender	Relation	Contact
Tezegul	Gurbanova	FEMALE	Mother	+994 55 657 45 03

4	Maritime Education			
Name of school	Country	From	To	Type of degree or diploma
Volga State University of water transport	Azerbaijan	07.11.2017	07.11.2020	bachelor

5	Physical Data
Height	1.75
Weight	85kg
Boilersuit Size	XL
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.}	

6	Seaman`s Book & Identify Docs
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK022810		23.02.2023	Azerbaijan		23.02.2028
Certificate of Competency	Azerbaijan	0007544		01.08.2022	Azerbaijan		01.08.2027
Republic of Azerbaijan	Azerbaijan	C01655884		30.09.2017	Azerbaijan		29.09.2027
Do you hold a US Visa 'C1/D'?		YES/N	NO	Issue Date:	-	Expiry Date: -	
Do you hold a US Visa 'B1/B2'?		YES/N	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
-	-	-

8

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 & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0991-23	SMPA	10.02.2023	10.02.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0991-23	SMPA	10.02.2023	10.02.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0991-23	SMPA	10.02.2023	10.02.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0991-23	SMPA	10.02.2023	10.02.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0991-23	SMPA	10.02.2023	10.02.2028
International Safety Management	Azerbaijan	SP-0653-23	SMPA	23.02.2023	19.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0737-23	SMPA	24.02.2023	16.02.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2837-24	SMPA	16.07.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1125-22	SMPA	17.06.2022	08.06.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0671-24	SMPA	22.07.2024	-
Leadership & Teamwork	Azerbaijan	DL-0941-22	SMPA	08.06.2022	11.05.2027
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0404-22	SMPA	20.06.2022	28.04.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0260-23	SMPA	23.02.2023	19.01.2028

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

[illegible]

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- 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

11	For Engineers (Please provide details)
Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12	Other Experience
LANGUAGES Azerbaijani-well Russian – good English-good	

12	Travel Documents																			
<table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table>	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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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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References *(Please give the name and address of your current or immediate past employer)*

Name of company	-	-
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.

Date: 14.04.2025

Signature

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