APPLICATION FORM



5. IdentityDocuments
Document

Seaman's Book

Travel Passport

Country

AZERBAIJAN

AZERBAIJAN

Number

AZE035437

C03158615

| | | | | 5 | M | 7 | 1 | Q | S | Y |
|--------------------|--|--|--|---|---|---|---|---|---|---|
| Personal ID Number | | | | | | | | | | |

| Position A | pplied for: | SEAMAN | Da | Date Available from:ANY TIME | | | | | |
|---|--|----------------------|-------------|------------------------------|-------------|---------------------|---------------|---------------------|--|
| 1. PersonalD |) Data | | | | | | | | |
| Family Nam HUSEYNOV | | First Name: | : | | Midd ALI | Middle Name: ALI | | | |
| Date of Birth | : 03.09.12993 | Place of Birth: A | ZERBAIJAN,B | AKU | Citize | enship: AZEBA | AIJANIAN | | |
| Permanent Address: AZERBAIJAN,BAKU region. JALILABAD Phone (Home): NO Phone (Business/ Mobile): +99451534003 E-mail:huseynovnahid93@gmail.com | | | | | | | | | |
| 2 Manitimal | Education | | | | | | | | |
| 2. Maritimel | | Country | Town | E, | rom | То | Type of | f degree or diploma | |
| AZERBAIJAN | | AZERBAIJAN | BAKU | | 1.2024 | 16.10.2024 | 6 Month | degree of diploma | |
| TIZEROTIIJIII | 1 02101 17111 | | | | | | | | |
| | | | | | | | | | |
| 3. Profession | alTest | | | | | | | | |
| EnglishTestDate | | | NameofTest | | | Score | Score | | |
| ProfessionalTes | tDate | | NameofTest | | | Score | Score | | |
| ProfessionalInte | erviewDate | | Result | | | | | | |
| | | | | | | | | | |
| 4. FamilyDe | tails | | | | | | | | |
| | | d, Divorced, Widowed |): MARRIED | | | | | | |
| Next of Kin (the fi | rst emergency conta | act): | | | | Relationship | o / my number | | |
| Address of Residen | Address of Residence: AZERBAIJAN,BAKU Phone: | | | | | | | | |
| | | | | | | • | | | |
| | Doughter | Son | Son | | | | | | |
| FamilyName | | | | | | | | | |
| FirstName | | | | | | | | | |
| DateofBirth Cityofliving | | | | | | | | | |
| PhoneNumbers | | | | | | | | | |
| 1 HOREINGHDEIS | | | | | | | | 1 | |

PlaceofIssue

State Maritime Administration

AZERBAIJAN. BAKU

ExpiryDate

Page 1 of 4

11.12.2029

17.05.2033

IssueDate

11.12.2024

18.05.2023

| 6. ValidVisa | | | | | | | | | |
|----------------|------|------------|--|--|--|--|--|--|--|
| CountryorUnion | Type | ValidUntil | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 7. Courses Attended and Certificates Obtained | | | | | | | | |
|---|-------------|------------|------------|-------------------------------|--|--|--|--|
| Document | Number | Da | tes | Place | | | | |
| Document | rumber | Issue | Expiry | Trace | | | | |
| CertificateofCompetency | RP16344 | 03.12.2024 | | State Maritime Administration | | | | |
| MalteseEndorsementof COC | | | | | | | | |
| OilTankerEndorsement | | | | | | | | |
| ChemicalTankerEndorsement | | | | | | | | |
| GasTankerEndorsement | | | | | | | | |
| Advanced training for oil tanker cargo operations | | | | | | | | |
| ChemicalTankerFamiliarizationTraining | | | | | | | | |
| GasTankerFamiliarizationTraining | | | | | | | | |
| OilTankersSpecializedTraining | | | | | | | | |
| ChemicalTankerSpecializedTraining | | | | | | | | |
| GasTankerSpecializedTraining | | | | | | | | |
| BasicTrainings | SO-3532-24 | 20.09.2024 | 20.09.2029 | State Maritime Administration | | | | |
| Proficiency in Survival Craft and Rescue Boats | SL-2788-24 | 19.08.2024 | 13.08.2029 | State Maritime Administration | | | | |
| AdvancedFireFighting | | | | | | | | |
| MedicalFirstAidTraining | | | | | | | | |
| Medical First Aid Training and Medical Care | | | | | | | | |
| RO-ro | | | | | | | | |
| Crisis management and human behavior training | | | | | | | | |
| RadarObservation&Plotting | | | | | | | | |
| Automatic Radar Plotting Aids Simulator (ARPA) | | | | | | | | |
| BridgeTeamManagement | | | | | | | | |
| Shiphandling&Maneuvering | | | | | | | | |
| Ship Security-related familiarization security-awa | CT 2017 24 | 27 00 2024 | | S4-4- M | | | | |
| reness training | SI-3816-24 | 27.09.2024 | | State Maritime Administration | | | | |
| MalteseEndorsementof SSO | | | | | | | | |
| ISM Code | SP-3169-24 | 17.09.2024 | 11.09.2029 | State Maritime Administration | | | | |
| SafetyOfficer | | | | | | | | |
| ECDISTrainingCourse | | | | | | | | |
| RiskAssessmentCourse | | | | | | | | |
| C.O.W./ I.G.S | | | | | | | | |
| FirePracticeonTankers | | | | | | | | |
| WELDER | | | | | | | | |
| UnmannedMachinerySpace | | | | | | | | |
| FRAMO FamiliarizationCourse | | | | | | | | |
| Cargo Ballast Operations on Oil/Chemical Tankers | | | | | | | | |
| Engine resoursce management | | | | | | | | |
| Leadership and Teamwork | | | | | | | | |
| High woltage | | | | | | | | |
| Risk Management And Incident Investigation | | | | | | | | |
| Training of seafarers with designated security duties | SH-2720-24 | 29.08.2024 | | State Maritime Administration | | | | |
| Dangerous hazardous and harmfull cargoes | | | | | | | | |
| BasicTraining and qualifications on oil and chemic | SA-0901-24 | 10.09.2024 | | State Maritime Administration | | | | |
| al tanker cargo operations | 3/1-0/01-24 | 10.07.2024 | | Saac Maritime Auministration | | | | |

| 8. PhysicalData | |
|-----------------|----------|
| Height | 170 |
| Weight | 76 |
| ColourofHair | Black |
| ColourofEyes | Chestnut |

| 9. MedicalHistory | | | Yes | No |
|---|--------------------------------|-----------|---------|-----|
| Have you ever signed off a ship due to | medical reasons? | | 105 | - |
| Did you undergo any medical operation | | | | - |
| Have you consulted a doctor during the | ess/accident? | | _ | |
| Do you have any health or disability pr | | | _ | |
| | | | | I |
| If yes, please give full details: | | | | |
| | | | | |
| | | | | |
| 7 | Passed: | Valid | | |
| InternationalMedicalExamination | 19.02.2024 | 19.0 | 02.2026 | |
| VaccinationAgainstYellowFiver | | | | |
| VaccinationAgainstDiphtheria | | | | |
| | | | | |
| 10. References (please give name and address of | your current or past employer) | Officerem | arks | |
| N. CC | | | | |
| NameofCompany | | | | |
| Name of person to contact | | | | |
| Address | | | | |
| Phone | | | | |
| NameofCompany | | | | |
| Name of person to contact | | | | |
| Address | | | | |
| Phone | | | | |
| • | | | | |
| 11. Bankaddressforallotments | | | | |
| Beneficiary | | | | |
| AccountNo. | | | | |
| NameofBank | | | | |
| BankAddress | | | | |
| 12. Knowledgeandexperience | | Yes | | No |
| OCIMF vettingexperience: | | 165 | | 110 |
| ISGOT knowledge: | | | | |
| isoor knowledge. | | | | |
| 13. I hereby declare that the above, is | ncluding Medical History | , is true | | |
| Place | V | | | |
| | | | | |
| 14 EOff | | | | |
| 14. ForOfficeuseonly | | | | |
| | | | | |
| | | | | |

41 2XL

BoilersuitSize ShoesSize

15. SeagoingExperience

| Nameofves sel | Flag | Vessel 's Ty pe | DW T | EngTy pe | НР | Manageror Owner | Rank | From d/ m/y | To d/m/ | Tota l m/d |
|------------------|------|-----------------------|---------|------------------|----|--------------------|-------|----------------|------------|------------------|
| MORNOVA | AZE | Dry cargo | 2500 | Wartsila 6L20 | | Azerbaijan company | cadet | 16.07.2024 | 15.10.2024 | 3 mnt |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Total rank sea service:

Total type of vessel sea service:

| | Total Falls Sca Sci vice. | Total type of vessel sea serv | | | | |
|-------|---------------------------|-------------------------------|-------|--|--|--|
| Rank | Years | Typeofvessel | Years | | | |
| | | OIL TANKER | | | | |
| | | LPG | | | | |
| | | DRY CARGO | | | | |
| | | | | | | |
| | | TANKER ICE | | | | |
| | | OIL /CHEMICAL TANKE | | | | |
| | | R | | | | |
| | | FERRY | | | | |
| Total | | Total: | | | | |