



## APPLICATION FORM

1	<b>Position</b> identity card PIN Number 5LLA0RH				
	Position Applied for:			RATING FORMING PART OF AN ENGINE-ROOM WATCH	
	Date Available from:			-	
2	<b>Personal Information</b> Gender: Male				
	First Name: BILAL		Last Name: YAGUBOV		
	Date of Birth: 24.06.1995		Place of Birth (City and Country): Azerbaijan, Baku		
	Email: yaqubov53@gmail.com		Mobile Number: (+994) 70 741 45 11		
	Permanent Address: Azerbaijan, Yashar Badalov str. ap.48		Expected Salary Per Month: -		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 703674162 FATHER				
3	<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
	First Name	Last Name	Gender	Relation	Contact
	Eldaniz	Yagubov	MALE	Father	+994 70 741 45 11
4	<b>Maritime Education</b>				
	Name of school	Country	From	To	Type of degree or diploma
	United Alliance Group LTD	Azerbaijan	07.08.2024	20.02.2025	course
5	<b>Physical Data</b>				
	Height	1.74			
	Weight	90kg			
	Boilersuit Size	L			
	Shoes Size	41			
	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	<b>Seaman's Book &amp; Identify Docs</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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 031280		19.03.2025	Azerbaijan		19.03.2030
Certificate of Competency	Azerbaijan	RP16733		10.03.2025	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C05290338		26.06.2025	Azerbaijan		25.03.2035
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-3791-24	SMPA	07.10.2024	07.10.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3791-24	SMPA	07.10.2024	07.10.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3791-24	SMPA	07.10.2024	07.10.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3791-24	SMPA	07.10.2024	07.10.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3791-24	SMPA	07.10.2024	07.10.2029
International Safety Management	Azerbaijan	SP-3558-24	SMPA	18.10.2024	18.10.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3487-24	SMPA	14.10.2024	10.10.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-4215-24	SMPA	30.10.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3766-24	SMPA	11.12.2024	-

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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**

LANGUAGES  
Azerbaijani-well  
Turkish – good  
Russian - 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	-	-
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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