



APPLICATION FORM

1	Position	identity card PIN Number 6BHYZ1B
	Position Applied for:	RATING FORMING PART OF AN ENGINE-ROOM WATCH
	Date Available from:	-
2	Personal Information	Gender: Male
	First Name: ANAR	Last Name: HASANOV
	Date of Birth: 31.03.1996	Place of Birth (City and Country): Azerbaijan, Tovuz
	Email: anarhesenov982@gmail.com	Mobile Number: (+995) 591 30 04 47

Expected Salary Per Month: -

Alternative rank applying for: -

Person to call in emergency: (+994) 50 561 45 76 MOTHER

Permanent Address: Azerbaijan, Tovuz

Nationality: Azerbaijan

3	Family Details: (If Unmarrie	d kindly give details of Father	/ Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Khalida	Aliyeva	FEMALE	Mother	+994 50 561 45 76

Name of school
United Alliance
Group LTD

Country
From
To
Type of degree or diploma

07.08.2024
20.02.2025
course

Height

1.75

Weight

Boilersuit Size

Shoes Size

Blood group

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

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

DOCUMENT	COUNTRY	NUMBE	R	DATE OF ISSUE	PLACE OF	ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 031	1282	19.03.2025	Azerbaijan		19.03.2030
Certificate of Competency	Azerbaijan	RP16734	4	10.03.2025	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C015266	622	03.06.2017	Azerbaijan		02.06.2027
Do you hold a US	Visa 'C1/D'?	YES/N	NO	Issue Date:	-	Expiry D	vate: -
Do you hold a US	Visa 'B1/B2'?	YES/N	NO	Issue Date:	-	Expiry D	ate:-
Have you been rej	ected for any vis	a applied fo	or?	YES/NO	NO		
If YES, please sta	te the country an	d reasons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

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Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

STCW Certificates & Trainings Training Date Of Date Courses **Issued Country** Certificate No. Center Issued **Expiry** PERSONAL SURVIVAL TECHNICS SO-3817-24 **SMPA** 07.10.2024 04.10.2029 Azerbaijan FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-3817-24 **SMPA** 07.10.2024 04.10.2029 07.10.2024 ELEMENTARY FIRST AID SO-3817-24 SMPA 04.10.2029 Azerbaijan PERSONAL SAFETY & SOCIAL SO-3817-24 **SMPA** 07.10.2024 04.10.2029 Azerbaijan RESPONSIBILITY SO-3817-24 **SMPA** 07.10.2024 04.10.2029 SAFETY FAMILIARIZATION TRAINING Azerbaijan **International Safety Management** Azerbaijan SP-3586-24 **SMPA** 18.10.2024 18.10.2029 Proficiency in Survival Craft & **SMPA** 14.10.2024 10.10.2029 SL-3506-24 Azerbaijan Rescue Boats Security Awareness Training For All SI-4046-24 SMPA 16.07.2024 Azerbaijan Seafarers Security Training For Seafarers With SH-3761-24 SMPA 11.12.2024

SA-1164-24

Azerbaijan

Azerbaijan

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Designated Security Duties Basic training and qualifications on oil and chemical tanker cargo

operations;

Yacht Management **Technical Management** Ship Brokering Surveying & Monitoring New Building & Repair

Sale & Purchasing Ship Agency **Exclusive Cargo Brokering Bunker Supply Technical Services**

SMPA

25.10.2024

Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
-	-	-	-	-	-	-	-	-	-	-	-	-
							AP					
							6419					
									0/			
									7			

Ship Management
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Generators	-				
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
LANGUAGES Azerbaijani-native Turkish –fluent Georgian-fluent					
Travel Documents					
Name		YES/NO	Country	Date p	f Expire
Schengen		YES/NO	NO		-
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related Doo	cumentation				
Medical Certificate (Fit for Duty)				YES/NO	Y
The second continuate (1 it for buty)		Vaccina	ation	I ES/INU	<u>'</u>
Yellow Fever				YES/NO	ı
COVID-19				YES/NO	Y
answer is YES to any of the abo	ve, please give f	ull details and attact	n a separate page if nece	ssary)	
	ve, please give f	full details and attact	n a separate page if nece	ssary)	
Medical history			n a separate page if nece		
Medical history Have you ever signed off a ship	due to medical r		n a separate page if nece	YES/NO	
Medical history Have you ever signed off a ship Have you undergone any operat	due to medical ruion in the past?	easons?		YES/NO YES/NO	1
Medical history Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du	due to medical reion in the past? ring the last 12 m	easons? nonths for an illness.		YES/NO YES/NO YES/NO	1
Medical history Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab	due to medical reion in the past? ring the last 12 millity problems no	easons? nonths for an illness.		YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du	due to medical reion in the past? ring the last 12 mility problems no gularly?	easons? nonths for an illness w?	/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	! !
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Medical history Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor dur Do you have any health or disab Do you take any medications reg (If the answer is YES to any of	due to medical reion in the past? ring the last 12 mility problems no gularly? of the above, please of a court of enqual license suspension.	easons? nonths for an illness. w? ase give full details a uiry or involved in a ded or revoked?	/accident? and attach a separate page	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	0
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications reg (If the answer is YES to any of General Have you ever been the subject of Have you ever had a professional	due to medical reion in the past? ring the last 12 mility problems no gularly? of the above, please of a court of enqual license suspension.	easons? nonths for an illness. w? ase give full details a uiry or involved in a ded or revoked?	/accident? and attach a separate page	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	0

ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Name of person to contact	
☎ No. -	
I hereby declare that the above particulars are true and authorize you to contact the referees listed above	ove.
I have read it, I am familiar with it, I confirm with my signature.	

Date: 17.04.2025

Signature

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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply** Technical Services