



## APPLICATION FORM

**1** **Position** identity card PIN Number 7D3NL3B

<b>Position Applied for:</b>	Rating forming part of a navigational watch
<b>Date Available from:</b>	-

**2** **Personal Information** Gender: Male

<b>First Name:</b> NURLAN	<b>Last Name:</b> HASANOV
Date of Birth: 07.03.2000	Place of Birth (City and Country): Azerbaijan, Aghdam
Email: nurihesenov02@gmail.com	Mobile Number: (+994) 70 237 08 02
Permanent Address: Azerbaijan, Yasamal Dadash Bunyadzada 12	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
<b>Person to call in emergency: (+994) 50 853 23 78 Father</b>	

**3** **Family Details: (If Unmarried kindly give details of Father / Mother)**

First Name	Last Name	Gender	Relation	Contact
Kamil	Hasanov	Male	Father	+994 50 53 23 78

**4** **Maritime Education**

Name of school	Country	From	To	Type of degree or diploma
United Alliance Group LTD	Azerbaijan	07.08.2024	20.02.2025	Course

**5** **Physical Data**

Height	1.73
Weight	75kg
Boilersuit Size	M
Shoes Size	42
Blood group	O(I)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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 Chemenzenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

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**Seaman`s Book & Identify Docs**

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK031489		18.04.2025	Azerbaijan		18.04.2030
Certificate of Competency	Azerbaijan	RP16724		10.03.2025	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C05451737		14.03.2025	Azerbaijan		13.03.2035
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
-	-	-

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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 & Trainings**

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-3797-24	SMPA	07.10.2024	07.10.029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3797-24	SMPA	07.10.2024	07.10.029
ELEMENTARY FIRST AID	Azerbaijan	SO-3797-24	SMPA	07.10.2024	07.10.029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3797-24	SMPA	07.10.2024	07.10.029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3797-24	SMPA	07.10.2024	07.10.029
International Safety Management	Azerbaijan	SP-3665-24	SMPA	24.10.2024	18.10.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3520-24	SMPA	14.10.2024	10.10.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-4034-24	SMPA	16.10.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0086-25	SMPA	31.01.2025	-

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Technical Services

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

[illegible]

Yacht Management  
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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  
Russian-poor  
Turkish – 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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☎ 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: 30.04.2025

Signature

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