



## APPLICATION FORM

1	<b>Position</b> identity card PIN Number 14LMJ88				
	Position Applied for:			Officer in charge of a navigational watch	
	Date Available from:			-	
2	<b>Personal Information</b> Gender: Male				
	First Name: SALEH		Last Name: ALAKBAROV		
	Date of Birth: 18.12.1971		Place of Birth (City and Country): Azerbaijan, Lankaran		
	Email: elekberovsaleh@gmail.com		Mobile Number: (+994) 50 850 67 96		
	Permanent Address: Azerbaijan, Baligcilar dstr		Expected Salary Per Month: -		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 55 476 36 06 Son				
3	<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
	First Name	Last Name	Gender	Relation	Contact
	Arif	Alakbarov	Male	Son	+994 55 476 36 06
4	<b>Maritime Education</b>				
	Name of school	Country	From	To	Type of degree or diploma
	Baku Marine School	Azerbaijan	1988	1992	course
5	<b>Physical Data</b>				
	Height	1.68			
	Weight	95kg			
	Boilersuit Size	M			
	Shoes Size	41			
	Blood group	B(III)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>				

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Bunker Supply  
Technical Services

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK031457		15.04.2025	Azerbaijan		15.04.2030
Certificate of Competency	Azerbaijan	0001146		07.04.2025	Azerbaijan		07.04.2030
Republic of Azerbaijan	Azerbaijan	C01035740		26.08.2016	Azerbaijan		25.08.2026
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 &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-3964-24	SMPA	15.10.2024	11.10.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3964-24	SMPA	15.10.2024	11.10.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3964-24	SMPA	15.10.2024	11.10.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3964-24	SMPA	15.10.2024	11.10.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3964-24	SMPA	15.10.2024	11.10.2029
International Safety Management	Azerbaijan	SP-3579-24	SMPA	21.10.2024	21.10.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3657-24	SMPA	21.10.2024	17.10.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-3904-24	SMPA	04.10.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3461-24	SMPA	30.10.2024	-
Advanced Training in Fire Fighting	Azerbaijan	SJ-1234-24	SMPA	13.12.2024	13.12.2029
Bridge Resource Management	Azerbaijan	SW-0522-24	SMPA	06.12.2024	06.12.2029
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0572-24	SMPA	02.12.2024	29.11.2029
Leadership & Teamwork	Azerbaijan	DL-0655-24	SMPA	28.10.2024	28.10.2029
Updating	Azerbaijan	XS-0529-24	SMPA	07.11.2024	07.11.2029
Medical First Aid	Azerbaijan	SN-1178-24	SMPA	29.12.2024	-
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0389-24	SMPA	15.11.2024	15.11.2029

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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

## 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
Azerbaijan Caspian Shipping Company	Qahraman Israfil Mammadov	Azerbaijan	Oil Tanker	5000	Diesel	-	-	3 <sup>rd</sup> officer	04.01.2005	09.02.2005	1m 5d	End of contract
Azerbaijan Caspian Shipping Company	General Abbasov	Azerbaijan	Oil Tanker	5353	Diesel	4134	-	3 <sup>rd</sup> officer	11.03.2005	21.05.2005	2m 10d	End of contract
Azerbaijan Caspian Shipping Company	Abasgulu Aga Bakikhanov	Azerbaijan	Oil Tanker	5000	Diesel	-	-	3 <sup>rd</sup> officer	17.04.2003	02.07.2003	2m 15d	End of contract
Azerbaijan Caspian Shipping Company	Khazar-1	Azerbaijan	Bunkering Tanker	5000	Diesel	-	-	3 <sup>rd</sup> officer	11.11.2003	05.12.2003	1m	End of contract
Azerbaijan Caspian Shipping Company	Abasgulu Aga Bakikhanov	Azerbaijan	Oil Tanker	5000	Diesel	-	-	3 <sup>rd</sup> officer	19.11.2002	25.01.2003	2m 6d	End of contract
Azerbaijan Caspian Shipping Company	Gahraman Hacıyev	Azerbaijan	Oil Tanker	5000	Diesel			3 <sup>rd</sup> officer	06.11.2006	31.01.2007	2m 25d	End of contract
Azerbaijan Caspian Shipping Company	Gahraman Asadov	Azerbaijan	Oil Tanker	5000	Diesel			3 <sup>rd</sup> officer	26.07.2007	02.11.2007	3m 7d	End of contract

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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**

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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: 01.05.2025

\_\_\_\_\_  
Signature

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