



APPLICATION FORM

1 **Position** identity card PIN Number 5LVEWVY

Position Applied for: Rating forming part of a navigational watch
Date Available from: -

2 **Personal Information** Gender: Male

First Name: ELNUR **Last Name:** HUSEYNZADA
Date of Birth: 07.11.1992 Place of Birth (City and Country): Azerbaijan, ASTARA
Email: elnurhuseynov992@gmail.com Mobile Number: (+994) 50 482 58 99
Permanent Address: Pushkin str, Kizhaba settl, Astara district, Azerbaijan Expected Salary Per Month: -
Nationality: Azerbaijan Alternative rank applying for: -
Person to call in emergency: (+994) 70 387 98 66 Father

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

First Name	Last Name	Gender	Relation	Contact
Mehti	Huseynov	Male	Father	+994703879866

4 **Maritime Education**

Name of school	Country	From	To	Type of degree or diploma
United Alliance Group Ltd	Azerbaijan	15.03.2025	15.03.2030	Course

5 **Physical Data**

Height	172
Weight	80
Boilersuit Size	2XL
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.}	

6 **Seaman`s Book & Identify Docs**

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
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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

Seaman Book	Azerbaijan	DQK 031240	15.03.2025	Azerbaijan	15.03.2030
Certificate of Competency	Azerbaijan	RP16701	07.03.2025	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03415049	27.01.2024	Azerbaijan	26.01.2034
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 & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-3804-24	SMPA	07.10.2024	07.10.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3804-24	SMPA	07.10.2024	07.10.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3804-24	SMPA	07.10.2024	07.10.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3804-24	SMPA	07.10.2024	07.10.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3804-24	SMPA	07.10.2024	07.10.2029
International Safety Management	Azerbaijan	SP-3659-24	SMPA	24.10.2024	18.10.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3517-24	SMPA	14.10.2024	10.10.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-4031-24	SMPA	16.10.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0095-25	SMPA	31.01.2025	Unlimited

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

[illegible]

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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

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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

Azerbaijan Language : Native
Turkish Language : 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
Vaccination		
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: 08.04.2025

Signature

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