



## APPLICATION FORM

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Position		identity card PIN Number 4KCFCKJ
Position Applied for:	Cook	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: RUFAT	Last Name: ABIYEV	
Date of Birth: 12.12.1984	Place of Birth (City and Country): Azerbaijan, Masalli	
Email: ruftabiyev8@gmail.com	Mobile Number: (+994) 50 862 41 70	
Permanent Address: Azerbaijan, Heydar A. 22a	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for:	
Person to call in emergency: (+994) 51 678 44 18 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Sona	Rafiyeva	Female	wife	+994 51 678 44 18

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	20.06.2024	29.12.2024	course

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Physical Data	
Height	1.64
Weight	112kg
Boilersuit Size	XXXL
Shoes Size	42
Blood group	A(II)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

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## Seaman`s Book &amp; Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK031224	13.03.2025	Azerbaijan	13.03.2030
Certificate of Competency	Azerbaijan	RP16505	28.01.2025	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C02727391	06.03.2020	Azerbaijan	05.03.2030
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-3620-24	SMPA	20.09.2024	06.09.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3620-24	SMPA	20.09.2024	06.09.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3620-24	SMPA	20.09.2024	06.09.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3620-24	SMPA	20.09.2024	06.09.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3620-24	SMPA	20.09.2024	06.09.2029
International Safety Management	Azerbaijan	SP-2937-24	SMPA	02.09.2024	30.08.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3129-24	SMPA	13.09.2024	12.09.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-3696-24	SMPA	18.09.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2796-24	SMPA	02.09.2024	-

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: [crewing@unitedalliancegroup.com](mailto: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
-	-	-	-	-	-	-	-	-	-	-	-	-

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<b>11</b>	<b>For Engineers (Please provide details)</b>
Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

<b>12</b>	<b>Other Experience</b>
LANGUAGES Azerbaijani-native Turkish – well English-low Russian -low	

<b>12</b>	<b>Travel Documents</b>																			
<table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table>	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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China	YES/NO	NO	-																	
Australia	YES/NO	NO	-																	

<b>13</b>	<b>Insurance ,Health Related Documentation</b>	
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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<b>14</b>	<b>Medical history</b>	
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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<b>15</b>	<b>General</b>	
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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<b>16</b>	<b>References (Please give the name and address of your current or immediate past employer)</b>	
Name of company	-	-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

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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.

\_\_\_\_\_  
Signature

Date: 05.05.2025  
\_\_\_\_\_

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