



APPLICATION FORM

1	Position identity card PIN Number 7CQH7MB
Position Applied for: Officer in charge of a navigational watch	
Date Available from: -	

2	Personal Information Gender: Male
First Name: RASHAD Last Name: MAMMADOV	
Date of Birth: 28.05.2001 Place of Birth (City and Country): Azerbaijan, Salyan	
Email: resadmemmedov709@gmail.com Mobile Number: (+994) 70 276 42 18	
Permanent Address: Azerbaijan, Ramana 1\21 Expected Salary Per Month: 2300\$	
Nationality: Azerbaijan Alternative rank applying for: 3 RD off	
Person to call in emergency: (+994) 50 782 52 93 Fatcher	

3	Family Details: (If Unmarried kindly give details of Father / Mother)			
First Name	Last Name	Gender	Relation	Contact
Farahim	Mammadov	Male	Father	+994 50 782 52 93

4	Maritime Education			
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	15.09.2020	08.07.2024	bachelor

5	Physical Data
Height	1.78
Weight	65g
Boilersuit Size	M
Shoes Size	42
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	Seaman`s Book & Identify Docs
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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

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK028014	11.05.2024	Azerbaijan	11.05.2029
Certificate of Competency	Azerbaijan	RP10777	16.03.2022	Azerbaijan	13.01.2027
Republic of Azerbaijan	Azerbaijan	C03453276	17.05.2024	Azerbaijan	16.05.2034
Seaman Book	Panama	P0141643A	25.07.2024	Azerbaijan	23.07.2029
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-1610-24	SMPA	30.04.2024	29.04.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0172-25	SMPA	30.01.2025	30.01.2030
ELEMENTARY FIRST AID	Azerbaijan	SO-0172-25	SMPA	30.01.2025	30.01.2030
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0172-25	SMPA	30.01.2025	30.01.2030
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0172-25	SMPA	30.01.2025	30.01.2030
International Safety Management	Azerbaijan	SP-1508-24	SMPA	10.05.2024	10.05.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1412-24	SMPA	10.05.2024	06.05.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-1888-24	SMPA	10.05.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1531-24	SMPA	15.05.2024	-
Leadership & Teamwork	Azerbaijan	DL-0089-25	SMPA	27.02.2025	27.02.2030
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0126-22	SMPA	02.03.2022	17.01.2027
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0130-22	SMPA	09.03.2022	06.01.2027
Bridge Resource Management	Azerbaijan	SW-0064-25	SMPA	24.02.2025	24.02.2030
Advanced Training in Fire Fighting	Azerbaijan	SJ-0136-25	SMPA	18.02.2025	17.02.2030
Medical First Aid	Azerbaijan	SN-0124-25	SMPA	19.02.2025	-

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

[illegible]

- Sale & Purchasing
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- Bunker Supply
- Technical Services

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

Languages
English-B1
Turkish-C1
Russian-A2

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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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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: 05.05.2025

Signature

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