



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 2J3ESGD
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	-	

2

Personal Information		Gender: Male
First Name: KAMRAN	Last Name: MAHARRAMOV	
Date of Birth: 04.04.1997	Place of Birth (City and Country): Azerbaijan, Sumgayit	
Email: kamranmhrmov@gmail.com	Mobile Number: (+994) 70 206 08 60	
Permanent Address: Azerbaijan, Saray dstr, A. Sultanova 7	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 77 325 35 41 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Nabi	Maharramov	Male	Father	+994 77 325 35 41

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kaspian Education Center MMC	Azerbaijan	08.07.2024	06.02.2025	course

5

Physical Data	
Height	1.85
Weight	85kg
Boilersuit Size	L
Shoes Size	44
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 Chemenzemeli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

6

Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK031437	11.04.2025	Azerbaijan	11.04.2030
Certificate of Competency	Azerbaijan	RP16784	11.03.2025	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C05016488	16.04.2025	Azerbaijan	15.04.2035
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			-		

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-3945-24	SMPA	15.10.2024	15.10.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3945-24	SMPA	15.10.2024	15.10.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3945-24	SMPA	15.10.2024	15.10.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3945-24	SMPA	15.10.2024	15.10.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3945-24	SMPA	15.10.2024	15.10.2029
International Safety Management	Azerbaijan	SP-3508-23	SMPA	17.10.2024	17.10.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3549-24	SMPA	14.10.2024	11.10.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-4081-24	SMPA	18.10.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3269-23	SMPA	11.10.2024	23.06.2028

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

[illegible]

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

12	Other Experience
LANGUAGES Azerbaijani-native Turkish – good	

12	Travel Documents																			
<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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Schengen	YES/NO	NO	-																	
US	YES/NO	NO	-																	
China	YES/NO	NO	-																	
Australia	YES/NO	NO	-																	

13	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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14	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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15	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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16	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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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: 06.05.2025

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