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Ship Agency

Bunker Supply Technical Services

**Exclusive Cargo Brokering** 

# **APPLICATION FORM**

1	Position	identity card PIN Number 6ZT00A8					
	Position Applied for:	Officer in charge of an engineering watch					
	Date Available from:	-					

First Name: AGIL	Last Name: SADIGOV
Date of Birth: 26.01.2001	Place of Birth (City and Country): Azerbaijan, ZARDAB
Email: aqilsadiqov01@gmail.com	Mobile Number: (+994) 55 302 88 97
Permanent Address: Chermet settl,	Expected Salary Per Month:
Narimanov district, S.Alasgarov, Baku	2500\$-3800\$
Nationality: Azerbaijan	Alternative rank applying for:
	Motorman

3	Family Details: (If Unmarried kindly give details of Father / Mother)									
	First Name	Last Name	Gender	Relation	Contact					
	Gunel	Mammadova	Female	Aunt	+994505052652					

4	Maritime Education									
	Name of school	Country	From	То	Type of degree or diploma					
	Azerbaijan State Marine Academy	Azerbaijan	2018	2022	Bachelor					

Physical Data	
Height	175
Weight	85
Boilersuit Size	M
Shoes Size	43
Blood group	O(I)RH+
	ther information you want to add about your physique in this field.}

Seaman's Book &	Identify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Ship Management		I Yacht	Management	I Sale	& Purchasina

ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Technical Management
Ship Brokering
Surveying & Monitoring
New Building & Repair

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

Seaman Book	Azerbaijan	DQK 017695		09.06.2021	Azerbai	jan	09.06.2026
Certificate of Competency	Azerbaijan	RP107719		09.12.2021	Azerbai	jan	-
Certificate of Competency	Azerbaijan	0008361		16.12.2024	Azerbai	jan	16.12.2029
Republic of Azerbaijan	Azerbaijan	C031180135		28.01.2020	Azerbaijan		27.01.2030
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?		NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	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				-			

## **Professional Test**

Professional Test Date	Name of Test	Score		
-	-	-		

### 8 License

Name	Issuing Country	Place Issued	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 TECHNICS	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026				
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026				
ELEMENTARY FIRST AID	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026				
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026				
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026				
International Safety Management	Azerbaijan	SP-0694-21	SMPA	16.05.2021	07.04.2026				
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4193-23	SMPA	30.11.2023	30.11.2028				
Security Awareness Training For All Seafarers	Azerbaijan	SI-0390-21	SMPA	08.05.2021	09.04.2026				
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0795-24	SMPA	29.03.2024	Unlimited				
Medical First Aid	Azerbaijan	SN-1044-24	SMPA	01.11.2024	Unlimited				
Leadership & Teamwork	Azerbaijan	DL-0676-24	SMPA	18.11.2024	16.11.2029				
Advanced Training in Fire Fighting	Azerbaijan	SJ-1118-24	SMPA	06.11.2024	04.11.2029				
Dangerous, hazardous and harmful cargoes ;	Azerbaijan	SK-0883-24	SMPA	22.11.2024	22.11.2029				
Crowd management training	Azerbaijan	SC-0252-23	SMPA	01.12.2023	01.12.2028				
Engine resource management	Azerbaijan	ER-0362-24	SMPA	18.11.2024	18.11.2029				
Crisis management and human behaviour training	Azerbaijan	SE-0138-24	SMPA	07.11.2024	Unlimited				

Ship Management ISM&ISPS Management **Ship Agency** Consultations
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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

### **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
ASCO	M/V A.TOPCHUBAS HOV	Azerbaijan	Ro-Ro Cargo Ship	3985	-	11450		Probationer	26.07.2021	07.08.2021	12 days	End of Contract
ASCO	M/V MERCURI- 1	Azerbaijan	Ro-Ro Cargo Ship	3985	-	11450	$C_{E}$	Probationer	08.07.2021	01.09.2021	1 month 24 days	End of Contract
ASCO	M/V B.G.GARAYEV	Azerbaijan	Ro-Ro Cargo Ship	4673	SKL	6884	-	Probationer	31.01.2022	24.05.2022	3 month 23 days	End of Contract
ASCO	M/V F.AMIROV	Azerbaijan	Ro-Ro Cargo Ship	4673	-	6894	-	Motorman	13.12.2023	30.03.2024	3 month	End of Contract
GAHURA SHIPPING AND TRAING LTD	M/V GAHURA	Azerbaijan	General Cargo Ship	4175	Deutz	3564	Ŧ,	Oiler	17.04.2024	12.06.2024	1 month 26 days	End of Contract
ASCO	M/V AGHDAM	Azerbaijan	Ro-Ro Cargo Ship	5946	B&W	8547	<u>-</u>	Motorman	10.07.2024	03.10.2024	2 months 23 days	End of Contract
ASCO	M/V SHAHDAG	Azerbaijan	Ro-Ro Cargo Ship	5946	MAN	8547		Motorman	30.01.2025	09.04.2025	2 months 10 days	End of Contract
						<u> </u>						
						99	7					

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11	For Engineers	(Please provide details)	

	-
Generators	
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

### Other Experience

Language

English Language: Pre-intermediate

Turkish Language : Good Azerbaijan Language: Native

#### **Travel Documents** 12

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

#### Insurance ,Health Related Documentation 13

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)

Medical history

modical factory		
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?		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 NO YES/NO Have you ever been the subject of a court of enquiry or involved in a maritime accident? NO Have you ever had a professional license suspended or revoked? YES/NO

(If YES, please give full details and attach a separate page if necessary)

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16	References (Pleas	e give the name and addre	ss of your current or immediate p	past employer)	
		4		0	•

Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17	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:	08.05.2025

Signature

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