



UNITED ALLIANCE GROUP LTD
AZERBAIJAN BRANCH



APPLICATION FORM

1	Position identity card PIN Number 004J200				
	Position Applied for:			Rating forming part of a navigational watch	
	Date Available from:			-	
2	Personal Information Gender: Male				
	First Name: RASIM		Last Name: SAFAROV		
	Date of Birth: 01.04.1971		Place of Birth (City and Country): Azerbaijan, Neftchala		
	Email: -		Mobile Number: (+994) 51 669 11 65		
	Permanent Address: Azerbaijan, Sabail dist Hostel 88\3		Expected Salary Per Month: -		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 70 550 78 79 wife				
3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Elnara	Safarova	Female	Wife	+994 70 550 78 79
4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	IST services	Azerbaijan	05.04.2023	05.10.2023	Course
5	Physical Data				
	Height	1.75			
	Weight	82kg			
	Boilersuit Size	XL			
	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				

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 Chemenezmenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 023604		11.05.2023	Azerbaijan		11.05.2028
Certificate of Competency	Azerbaijan	RP14132		19.12.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03433672		14.06.2023	Azerbaijan		13.06.2033
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-3484-23	SMPA	13.07.2023	20.06.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3484-23	SMPA	13.07.2023	20.06.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3484-23	SMPA	13.07.2023	20.06.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3484-23	SMPA	13.07.2023	20.06.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3484-23	SMPA	13.07.2023	20.06.2028
International Safety Management	Azerbaijan	SP-2425-23	SMPA	26.07.2023	04.07.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2349-23	SMPA	14.07.2023	25.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2109-23	SMPA	11.07.2023	21.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1832-23	SMPA	27.07.2023	05.07.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0620-23	SMPA	03.08.2023	03.08.2028

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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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For Engineers (Please provide details)

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

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Other Experience

LANGUAGES
Azerbaijani-native
Turkish –fluent
Georgian-fluent

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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: 19.05.2025

Signature

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