



APPLICATION FORM

1	Position identity card PIN Number 208R419				
	Position Applied for:			Electro-technical officer	
	Date Available from:			-	
2	Personal Information Gender: Male				
	First Name: MAHIR		Last Name: MIRZAYEV		
	Date of Birth: 01.02.1972		Place of Birth (City and Country): Azerbaijan,Baku		
	Email: mahir.mirzeyev.1972@gmail.com		Mobile Number: (+994) 50 647 65 34		
	Permanent Address: Azerbaijan,Mardakan		Expected Salary Per Month: -		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 50 460 24 92 mother				
3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Simuzar	Mrzeyeva	Female	Mother	+994 50 460 84 92
4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Azerbaijan State Maritime college	Azerbaijan	15.09.1987	26.07.1991	Bachelor
5	Physical Data				
	Height	1.72			
	Weight	84kg			
	Boilersuit Size	XL			
	Shoes Size	43			
	Blood group	A(II)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
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Ship Agency
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Provision, Ship Supply

Yacht Management
Technical Management
Ship Brokering
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Ship Agency
Exclusive Cargo Brokering
Bunker Supply
Technical Services

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	0002067	26.07.2022	Azerbaijan	30.06.2027
Republic of Azerbaijan	Azerbaijan	C00986675	16.02.2016	Azerbaijan	15.02.2026
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		YES/NO	NO	
If YES, please state the country and reasons			-		

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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	-	-	-

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1603-22	SMPA	18.04.2022	14.04.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1603-22	SMPA	18.04.2022	14.04.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-1603-22	SMPA	18.04.2022	14.04.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1603-22	SMPA	18.04.2022	14.04.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1603-22	SMPA	18.04.2022	14.04.2027
International Safety Management	Azerbaijan	SP-2790-24	SMPA	26.08.2024	26.08.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0842-22	SMPA	13.04.2022	07.04.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0515-25	SMPA	0205.2025	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0095-23	SMPA	18.01.2023	18.01.2028
Updating	Azerbaijan	XS-1007-22	SMPA	08.07.2022	30.06.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1054-22	SMPA	01.08.2022	29.07.2027
Safe operation and maintenance of high voltage systems 1000 volts or more	Azerbaijan	DM-0117-25	SMPA	28.02.2025	28.02.2030
Leadership & Teamwork	Azerbaijan	DL-0205-23	SMPA	13.03.2023	13.03.2028
Medical First Aid	Azerbaijan	SN-0964-22	SMPA	11.08.2022	11.08.2027

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Address: AZ1075, Azerbaijan, Baku,Yusif Vazir Cemenzenmenli 119c,Afen Plaza Business Center 5nd floor,apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

(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 –fluent Georgian-fluent	

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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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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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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