



## APPLICATION FORM

1	<b>Position</b> identity card PIN Number 0WT4Y6P				
	<b>Position Applied for:</b>				Chief Mate
	<b>Date Available from:</b>				-

  

2	<b>Personal Information</b> Gender: Male				
	<b>First Name: ZAUR</b>		<b>Last Name: QURBANOV</b>		
	Date of Birth: 18.01.1978		Place of Birth (City and Country): Azerbaijan, Baku		
	Email: zaurqurbanov571@gmail.com		Mobile Number: (+994) 55 640 17 20		
	Permanent Address: Azerbaijan, Khazar dstr M.Magomayev 7\3		Expected Salary Per Month:-		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 55 336 40 45 Son				

  

3	<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
	<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
	Zamig	Gurbanov	Male	Son	+994 55 336 40 45

  

4	<b>Maritime Education</b>				
	<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
	Baku Marine School	Azerbaijan	15.09.1994	29.06.1998	course

  

5	<b>Physical Data</b>	
	Height	1.65
	Weight	90kg
	Boilersuit Size	XL
	Shoes Size	43
	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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK031654		03.05.2025	Azerbaijan		03.05.2030
Certificate of Competency	Azerbaijan	0001006		25.04.2025	Azerbaijan		02.12.2029
Republic of Azerbaijan	Azerbaijan	C05109766		11.11.2024	Azerbaijan		10.11.2032
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				-			

Professional Test Date	Name of Test	Score
-	-	-

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

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4198-24	SMPA	06.11.2024	01.11.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4198-24	SMPA	06.11.2024	01.11.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-4198-24	SMPA	06.11.2024	01.11.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4198-24	SMPA	06.11.2024	01.11.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4198-24	SMPA	06.11.2024	01.11.2029
International Safety Management	Azerbaijan	SP-3032-24	SMPA	10.09.2024	10.09.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3103-24	SMPA	13.09.2024	13.09.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SV-0335-24	SMPA	22.10.2024	22.10.2029
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0540-24	SMPA	25.10.2024	25.10.2029
Leadership & Teamwork	Azerbaijan	DL-0567-24	SMPA	17.09.2024	16.09.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0998-24	SMPA	23.09.2024	23.09.2029
Ship security officer	Azerbaijan	SG-0499-24	SMPA	28.10.2024	-
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0431-24	SMPA	23.12.2024	23.12.2029
Bridge Resource Management	Azerbaijan	SW-0408-24	SMPA	20.09.2024	20.09.2029
Medical First Aid	Azerbaijan	SN-1161-24	SMPA	18.12.2024	-
Medical care on board	Azerbaijan	SM-0390-24	SMPA	09.12.2024	-
Updating	Azerbaijan	XS-0553-24	SMPA	02.12.2024	02.12.2029

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

[illegible]

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

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

<b>12</b>	<b>Other Experience</b>
LANGUAGES Azerbaijani-native Turkish – good English-good Russian -low	

<b>12</b>	<b>Travel Documents</b>																			
<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	-																	

<b>13</b>	<b>Insurance ,Health Related Documentation</b>	
Medical Certificate (Fit for Duty)	YES/NO	YES
<b>Vaccination</b>		
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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<b>14</b>	<b>Medical history</b>	
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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<b>15</b>	<b>General</b>	
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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<b>16</b>	Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply Name of company	Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair	Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services
-			

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: 20.05.2025

Signature

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