

# APPLICATION FORM

Personal ID Number												

<b>Position Applied for: Able Seafarer-Engine(III/5) (Weld experience)</b>	<b>Date Available from: Any time</b>
--	--------------------------------------

<b>1. PersonalData</b>		
<b>Family Name:</b> Mustafazada	<b>First Name:</b> Mustafa	<b>Middle Name:</b> Mais
Date of Birth: 13.10.1997	Place of Birth: Masalli,Azerbaijan	Citizenship: Azerbaijan
Permanent Address: AZERBAIJAN, MASALLI, Qızılağac village		Phone (Home): Phone (Business/ Mobile): +99450 779 29 12 E-mail:

<b>2. MaritimeEducation</b>					
NameofSchool	Town	Country	From	To	Type of degree or diploma

<b>3. ProfessionalTest</b>		
EnglishTestDate	NameofTest	Score
ProfessionalTestDate	NameofTest	Score
ProfessionalInterviewDate	Result	

<b>4. FamilyDetails</b>	
Civil Status(Single, Married, Separated, Divorced, Widowed) : SINGLE	
Next of Kin (the first emergency contact) : Samadov Faxraddin	Relationship / FATHER
Address of Residence: MASALLI,AZERBAIJAN	Phone :+99450 851 83 58

	Doughter	Son			
FamilyName					
FirstName					
DateofBirth					
Cityofliving					
PhoneNumbers					

<b>5. Identity Documents</b>					
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate
Seaman'sBook	Azerbaijan	AZE16046291	Azerbaijan Baku	03.02.2016	09.05.2025
TravelPassport	Azerbaijan	C02907478	Azerbaijan Masalli	25.09.2019	24.09.2029

<b>6. ValidVisa</b>		
CountryorUnion	Type	ValidUntil


7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	SO-3452-24	10.09.2024	10.09.2029	Azerbaijan Baku
Maltese Endorsement of COC				
Oil Tanker Endorsement				
Chemical Tanker Endorsement				
Gas Tanker Endorsement				
Oil Tanker Familiarization Training				
Chemical Tanker Familiarization Training				
Gas Tanker Familiarization Training				
Oil Tankers Specialized Training	SH-3166-24	02.10.2024		Azerbaijan Baku
Chemical Tanker Specialized Training				
Gas Tanker Specialized Training				
Basic Trainings				
Proficiency in Survival Craft and Rescue Boats other than fast rescue boats	SL-3010-24	06.09.2024	06.09.2029	Azerbaijan Baku
Advanced Fire Fighting				
Medical First Aid Training				
Medical First Aid Training and Medical Care				
GMDSS				
GMDSS Endorsement				
Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Ship handling & Maneuvering				
Ship Security-related familiarization security-awareness training	SI-3483-24	13.10.1997	02.09.2024	Azerbaijan Baku
Maltese Endorsement of SSO				
ISM Code	SP-3072-24	11.09.2024	11.09.2029	Azerbaijan Baku
Safety Officer				
ECDIS Training Course				
Risk Assessment Course				
C.O.W./ I.G.S				
Fire Practician Tankers				
Vapour Recovery System				
Unmanned Machinery Space				
FRAMO Familiarization Course				
Cargo Ballast Operations on Oil/Chemical Tankers				
Hazardous Materials				
Training of seafarers with designated security duties (Section 6-1)				
Turner				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties				
Dangerous hazardous and harmful cargoes				
Basic Training and qualifications on oil and chemical tanker cargo operations				

8. Physical Data	
Height	168
Weight	72
Colour of Hair	Black
Colour of Eyes	Brown
Boilersuit Size	XL

ShoesSize	42
-----------	----

NameofCompany	Onal shiupping	Pacific shipping
Name of person to contact		Levent bey
Address		
Phone		

9. MedicalHistory	Yes	No
Have you ever signed off a ship due to medical reasons?		+
Did you undergo any medical operation in the past?		+
Have you consulted a doctor during the last 12 months for an illness/accident?		+
Do you have any health or disability problems now?		+

If yes, please give full details:

	Passed:	Validtill:
InternationalMedicalExamination	30.08.2024	30.08.2026
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

10. References (please give name and address of your current or past employer)	Officerremarks
--	----------------

NameofCompany	Sio shiupping	
Name of person to contact		
Address		
Phone	+994	

11. Bankaddressforallotments
Beneficiary
AccountNo.
NameofBank
BankAddress

12. Knowledgeandexperience	Yes	No
OCIMF vettingexperience:		
ISGOT knowledge:		

13. I hereby declare that the above, including Medical History, is true
Place

14. ForOfficeuseonly

## 15. SeagoingExperience

Nameofvesse l	Flag	Vessel's Type	DWT	EngType	H P	ManagerorOwne r		Rank	From d/m/y	T
------------------	------	------------------	-----	---------	--------	--------------------	--	------	---------------	---

[illegible]

**Total rank sea service:**  
**of vessel sea service:**

**Total type**

Rank	Years		Typeofvessel	Years
Oiler	9M/27d			
			LPG	
			DRY CARGO	9m/27d
			TANKER ICE	
			FERRY	
Total			Total:	