



## **APPLICATION FORM**

1	Position	identity card PIN Number 7ATX9R2
	Position Applied for:	Electro-Technical Officer
	Date Available from:	-

First Name: LERMAN	Last Name: JAFAROV
Date of Birth: 20.11.2000	Place of Birth (City and Country): Azerbaijan, GUSAR
Email:lermanjafaroff@gmail.com	Mobile Number: (+994) 70 631 73 03
Permanent Adress: Gusar district, Yukhari zeykhur village	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarri	ed kindly give details of Fat	her / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Zaur	Jafarov	Male	Father	+99470 881 20 26

4	Maritime Education	1			
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2018	2022	Bachelor

Physical Data	
Height	179
Weight	72
Boilersuit Size	XXL
Shoes Size	41
Blood group	A(II)RH+
<u> </u>	re any other information you want to add about your physique in this field.}

Seaman's Book & Id	lentify Docs				
 DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF

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**EXPIRY** 

Seaman Book	Azerbaijan	DQK	025927	02.12.2023	Azerba	ijan	02.12.2028
Certificate of Competency	Azerbaijan	000	08465	12.05.2025	Azerba	ijan	12.05.2030
Republic of Azerbaijan	Azerbaijan	C03	462545	04.10.2023	Azerba	ijan	03.10.2033
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been reject	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state the	he country and reas	sons		-	•		

**Professional Test** 

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

License

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	22.12.2021
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-5906-23	SMPA	22.12.2023	22.12.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5906-23	SMPA	22.12.2023	22.12.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5906-23	SMPA	22.12.2023	22.12.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5906-23	SMPA	22.12.2023	22.12.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5906-23	SMPA	22.12.2023	22.12.2028
International Safety Management	Azerbaijan	SP-3918-23	SMPA	07.12.2023	07.12.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3830-23	SMPA	13.10.2023	13.10.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3966-23	SMPA	15.12.2023	08.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2771-23	SMPA	13.10.2023	09.10.2028
Medical Firs Aid	Azerbaijan	SN-0905-24	SMPA	19.09.2024	Unlimited
Leadership & Teamwork	Azerbaijan	DL-0647-24	SMPA	23.10.2024	23.10.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0991-24	SMPA	23.09.2024	23.09.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0852-23	SMPA	20.10.2023	05.10.2028

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## **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
XDND	M/V AURA	Azerbaijan	Offshore/ Supply Ship	1178	Wartsila	1491	-	Probationer	02.09.2019	26.10.2019	1 month 24 days	End of Contract
BUE CASPIAN LTD	M/V CASPIAN RELIANCE	Azerbaijan	Offshore/ Supply Ship	2000	SE7FDM 16	1701	$C_{E}$	Probationer	29.06.2021	19.09.2021	1 month 28 days	End of Contract
BUE CASPIAN LTD	M/V CASPIAN SUPPORTER	Azerbaijan	Offshore/ Supply Ship	3121	Bergen	2921	-	Probationer	18.08.2021	14.09.2021	28 days	End of Contract
ASCO	M/V GARA GARAYEV	Azerbaijan	Ro-Ro /Cargo Ship	4672	Wartsila	6885	-	Probationer	01.02.2022	27.05.2022	3 months 27 days	End of Contract
SAMAYA LOGISTIC LTD	M/V CASPIAN SPIRIT	Azerbaijan	Offshore/ Supply Ship	1499	DYM F216V- D825	1124	\$	Electrician	17.04.2024	18.02.2025	13 months 13 days	End of Contract

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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

Generators						
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country		Date pt	f Expire
Schengen		YES/NO	NO			-
US		YES/NO	NO			-
China		YES/NO	NO			-
Australia		YES/NO	NO		,	-
Insurance ,Health Related	Documentation					
Medical Certificate (Fit for D				Y	ES/NO	,
·	•	Vaccin	ation	<u>'</u>		
Yellow Fever				Y	ES/NO	
				! ' '	20,110	
COVID-19 answer is YES to any of the	above, please giv	re full details and at	tach a separate page if	Y	ES/NO	,
	above, please giv	e full details and at	tach a separate page if	Y	ES/NO	
answer is YES to any of the	above, please giv	e full details and at	tach a separate page if	Y	ES/NO	
answer is YES to any of the			ttach a separate page if	necessary	ES/NO	
answer is YES to any of the	ship due to medica	al reasons?	tach a separate page if	necessary	ES/NO ES/NO	
e answer is YES to any of the  Medical history  Have you ever signed off a second	ship due to medica	al reasons?		necessary  Y	ES/NO	
Medical history  Have you ever signed off a selection and properties of the selection and prop	ship due to medica peration in the past r during the last 12 lisability problems	al reasons? t? 2 months for an illne		necessary  Y Y Y Y Y Y Y	ES/NO ES/NO ES/NO ES/NO	
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Medical history  Have you ever signed off a selection to the Have you undergone any open Have you consulted a doctor Do you have any health or composed to the property of the answer is YES to a General Have you ever been the subjection of the sub	ship due to medical peration in the past of the last 12 disability problems is regularly?	al reasons? t? 2 months for an illne now? tlease give full deta	ess/accident?  ils and attach a separat  n a maritime accident?	necessary  Y Y Y Y Y Y Y	ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO YES/NO	0
Medical history  Have you ever signed off a see Have you undergone any open Have you consulted a doctor Do you have any health or consulted a doctor Do you take any medication (If the answer is YES to a General	ship due to medical peration in the past of the last 12 disability problems is regularly?	al reasons? t? 2 months for an illne now? tlease give full deta	ess/accident?  ils and attach a separat  n a maritime accident?	necessary  Y Y Y Y Y Y Y	ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO eccessary)	0
Medical history  Have you ever signed off a selection to the Have you undergone any open Have you consulted a doctor Do you have any health or composed to the property of the answer is YES to a General Have you ever been the subjection of the sub	ship due to medical peration in the past of during the last 12 disability problems is regularly?  In of the above, part of a court of electional license susp	al reasons? ?? ? months for an illne now?  lease give full deta  nquiry or involved in ended or revoked?	ess/accident?  ils and attach a separat  n a maritime accident?	necessary  Y Y Y Y Y Y Y	ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO YES/NO	0
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16	References (Please give the name and address of your current or immediate past employer)		
	Name of company	1.	2 -

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:	04.06.2025
Signature	•	

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