



APPLICATION FORM

| | | | | | |
|---|--|------------|---|---|---------------------------|
| 1 | Position identity card PIN Number 5QS0J9T | | | | |
| | Position Applied for: | | | Officer in charge of a navigational watch | |
| | Date Available from: | | | - | |
| 2 | Personal Information Gender: Male | | | | |
| | First Name: CHINGIZ | | Last Name: ALIYEV | | |
| | Date of Birth: 03.08.1993 | | Place of Birth (City and Country): Azerbaijan,Baku | | |
| | Email: aliyevcingiz183@gmail.com | | Mobile Number: (+994) 70 276 42 18 | | |
| | Permanent Address: Azerbaijan,Ramana 1\21 | | Expected Salary Per Month: 2000\$ | | |
| | Nationality: Azerbaijan | | Alternative rank applying for: 2 nd off, 3 rd off | | |
| | Person to call in emergency: (+994) 55 692 76 66 Brother | | | | |
| 3 | Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| | First Name | Last Name | Gender | Relation | Contact |
| | Tarlan | Aliyev | Male | Brother | +994 55 692 76 66 |
| 4 | Maritime Education | | | | |
| | Name of school | Country | From | To | Type of degree or diploma |
| | Azerbaijan State Marine Academy | Azerbaijan | 15.09.2014 | 05.07.2018 | bachelor |
| 5 | Physical Data | | | | |
| | Height | 1.72 | | | |
| | Weight | 80kg | | | |
| | Boilersuit Size | M | | | |
| | 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 | | | | |

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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 | DQK030783 | | 09.01.2025 | Azerbaijan | | 09.01.2030 |
| Certificate of Competency | Azerbaijan | RP09458 | | 19.03.2025 | Azerbaijan | | 19.03.2030 |
| Republic of Azerbaijan | Azerbaijan | C05409548 | | 30.04.2025 | Azerbaijan | | 29.04.2035 |
| 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-0172-25 | SMPA | 30.01.2025 | 30.01.2030 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-0172-25 | SMPA | 30.01.2025 | 30.01.2030 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-0172-25 | SMPA | 30.01.2025 | 30.01.2030 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-0172-25 | SMPA | 30.01.2025 | 30.01.2030 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-0172-25 | SMPA | 30.01.2025 | 30.01.2030 |
| International Safety Management | Azerbaijan | SP-0083-25 | SMPA | 17.01.2025 | 17.01.2030 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-0061-25 | SMPA | 21.01.2025 | 21.01.2030 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-0090-25 | SMPA | 31.01.2025 | - |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-0081-25 | SMPA | 31.01.2025 | - |
| Basic training and qualifications on oil and chemical tanker cargo operations; | Azerbaijan | SA-1104-24 | SMPA | 11.10.2024 | - |
| Leadership & Teamwork | Azerbaijan | DL-0046-25 | SMPA | 03.02.2025 | 03.02.2030 |
| Operational Use of Electronic Chart Display and Information Systems (ECDIS) | Azerbaijan | SZ-0090-25 | SMPA | 24.02.2025 | 24.02.2030 |
| Bridge Resource Management | Azerbaijan | SW-0109-25 | SMPA | 02.04.2025 | 02.04.2030 |
| Advanced Training in Fire Fighting | Azerbaijan | SJ-0081-25 | SMPA | 07.02.2025 | 07.02.2030 |
| Medical First Aid | Azerbaijan | SN-0161-25 | SMPA | 07.03.2025 | - |
| Medical First Aid | Azerbaijan | SR-0028-25 | SMPA | 19.02.2025 | 19.02.2030 |

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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 **Tel:** +994 51 277 19 31

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For Engineers (Please provide details)

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

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Other Experience

Languages
 Azerbaijan-native
 English-good
 Turkish-well
 Russian-good

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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: 05.05.2025

Signature

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