



APPLICATION FORM

1	Position	identity card PIN Number 58M1KBY					
	Position Applied for:	Able Seafarer Engine					
	Date Available from:	-					

First Name: ROVSHAN	Last Name: SHABANOV
Date of Birth: 12.04.1992	Place of Birth (City and Country): Azerbaijan, SHAKI
Email: Rovshan.shabanov0@gmail.com	Mobile Number: (+994) 70 267 67 55
Permanent Address: 1/3, I.Hamidov str,	Expected Salary Per Month:
Shaki district, Azerbaijan	1200\$-1300\$
Nationality: Azerbaijan	Alternative rank applying for:

3	Family Details: (If Unmarried kindly give details of Father / Mother)									
	First Name	Last Name	Gender	Relation	Contact					
	Tarlan	Mammadli	Male	Cousin	+994702424255					

4	Maritime Education	n									
	Name of school	Country	From	То	Type of degree or diploma						
	Azerbaijan State Marine Academy	Azerbaijan	2010	2014	Bachelor						

Physical Data	
Height	170
Weight	78
Boilersuit Size	L
Shoes Size	41-42
Blood group	O(I)RH+

6	Seaman's Book & Identify Docs								
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY			

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Seaman Book	Azerbaijan	DQK 031766		21.05.2025	Aze	rbaijan	21.02.2030
Certificate of Competency	Azerbaijan	RP06664		13.05.2025	Aze	erbaijan	-
Republic of Azerbaijan	Azerbaijan	C03821318		09.05.2023	Aze	erbaijan	08.05.2033
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO	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				-			

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

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

STCW Certificates & Trainings Training Date Of **Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-4417-24 SMPA 22.11.2024 22.11.2029 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-4417-24 **SMPA** 22.11.2024 22.11.2029 ELEMENTARY FIRST AID SO-4417-24 **SMPA** 22.11.2029 Azerbaijan 22.11.2024 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-4417-24 **SMPA** 22.11.2024 22.11.2029 SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-4417-24 **SMPA** 22.11.2024 22.11.2029 **International Safety Management** Azerbaijan SP-3911-24 **SMPA** 29.11.2024 29.11.2029 Proficiency in Survival Craft & Rescue **SMPA** 14.11.2029 SL-3899-24 14.11.2024 Azerbaijan **Boats** Security Awareness Training For All SI-4429-24 SMPA 18.11.2024 Unlimited Azerbaijan Seafarers Security Training For Seafarers With SH-3713-24 SMPA 05.12.2024 Unlimited Azerbaijan **Designated Security Duties**

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Tel: +994 51 277 19 31

Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com

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
ASCO	M/V MERCURI-1	Azerbaijan	Passenger Ship	-	MAN B&W	-	-	Probationer	19.06.2012	-	-	End of Contract
ASCO	M/V ASTARA	Azerbaijan	Oil Products Tanker	7410		5944	C A	Probationer	15.06.2013	-	-	End of Contract
ASCO	M/V MARDAKAN	Azerbaijan	Oil Products Tanker	7410	-	5944	-	Probationer	25.01.2014	-	-	End of Contract
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Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply Technical Services**

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11		For Engineers	(Please provide details)
	' '		

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

Other Experience

Azerbaijan Language ; Native Turkish Language: Good Russian Language : Good English Language : Average

Travel Documents 12

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

Insurance ,Health Related Documentation 13

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)

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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16	References (Please give the	name and address of your current or immediate pa	ast 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:	10.06.2025

Signature

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