

Application Form

Section 1							
Position Applied for	ORDINARY SEAMAN						
Lowest Position Acceptable	ORDINARY SEAMAN						
Date of Availability	Any time						
Section 2	Personal Details						
Family name / Surname	GULIYEV						
First Name / Given Name	MAHIR						
Date & Place of Birth	Date: 21.01.1996 Place: Sl	hamkir , Azerbaijan					
Nationality	Azerbaijan						
Permanent Address	Azerbaijan, region						
Present Address	Azerbaijan, Shamkir region.		_				
	<u> </u>						
PPE information	SAFETY SHOES SIZE 42 COVERALL SIZE XXL						
Present Contact Number							
Mobile Number	+994 77 556 17 57						
SKYPE ADDRESS	N/A						
Email Address	mahirquliyev470@gmail.com						
Nearest Airport (and Distance)	Haydar Aliyev Baku International (GYD)						
Section 3	Passport and VISA details						
Country of Issue	Azerbaijan / Baku	USA Visa - Type					
Date Issued	06.04.2017	USA VISA Expires					
Place Issued	Azerbaijan	USA Visa - Type					
Passport Number	C01694036	USA VISA Expires					
Passport –Expires	05.04.2027	Other Country Visa					
Secondary passport or Dual nationality	N/A	Visa Expiry					
Section 4 (hi-light as required)	Seaman book / Discharge book / Seaman Record Book / CDC						
Issuing Country & Place	Azerbaijan	Date Issued	09.05.2025				
Number	DQK 031697	Expiry Date (if any)	09.05.2030				

Section 5	Next of Kin — this is important information we require- Don't ignore it
Full Name / Relationship	father
Any dependents / Children (incl age)	Not any
Address	Baku, Azerbaijan
Contact Numbers	+994 505189867

Section 6 STCW95 Highest Certificate of Competency / Licence Held (also list Flag State Endorsements)							
Class / Grade/Capacity	Issuing Countr		Date Issued	Expiry	Details (Details of Limitations	
Rating forming part of a navigational watch ALSO ENTER A	<mark>Azerbaij</mark> Baku BOVE D	. <mark>5</mark>	01.05.2025 NY OTHER FI	LAG STATE	•	A-II/4 ES HELD	
Section 7	STC	W95 Da	ngerous Car	go Endorse	ments		
		Certificate No	. Date Issued	Expires	Details of Lin	nitations/ Grade	
Liquefied Gas	troleum nuefied Gas nuid Chemicals						
Section 8	STC	W95 related	l Courses Att	ended and (Certificates C	Obtained	
Name of Course / C	Certificate	STCW Code	Place	Issue Date	Cert No	Expiry Date	
Mandatory minimum requirements for familiarization, basic safety training and instruction for all seafarers		A-VI/1-1, A-VI/1-2, A- VI/1-3, A- VI/1-4	Baku, Azerbaijan	11.04.2025	SO-0614- 25	11.04.2030	
Proficiency in survival craft and boats oter than fast rescue boats		A-VI/2-1,2,3,4	<mark>Baku,</mark> Azerbaijan	28.04.2025	SL-0547- 25	28.04.2030	
International safety Management Code		SOLAS IX	Baku Azerbaijan	08.05.2025	SP-0536- 25	08.05.2030	
Ship Security-related training and instructing		A-IV/6, 1-4	<mark>Baku,</mark> Azerbaijan	18.04.2025	SI-0473-25		
Training for seafarers with designated security duties		A-IV/6-2	Baku, Azerbaijan	18.04.2025	SH-0473- 25		

Section 9 OFFSHORE INDUSTRY COURSES								
Please enter below any other certificates held or courses done, ie offshore, DP certs etc or Any other not already mentioned								
Name of Course / Certificate	APPROVALS	Place	Issue Date	Cert No	Expiry			
BOSIET								
HUET								
FOET								
OFFSHORE MEDICALS (UK, NORWAY or NETHERLAND)	MEDILUXS	Baku, Azerbaijan	02.04.2025	N/A	02.04.2027			
HEAVY LIFT		ACCOMMODA' GANGWAY	TION /					
Section 11 N	Aedical Histor	y						
Have you ever signed off a sh		X						
Have you consulted a doctor of Accident		X						

Do you have any health or disability problem now?						X
If answer to any of above is YES then give further details below or on a separate sheet						
Section 12 General						
					Yes	No
Have you ever baccident	been the subject of a	court of enquiry o	r involved	in a maritime		X
	ad a professional lic					X
	een convicted of any	criminal offence	?			X
Have you ever b	een dismissed					X
If yes to any of a	above then please fu	ll details below or	on separat	e sheet of paper		
Section 13	References	(Last T	wo Re	cent Emp	loyers)	
Name of compa	ny					
Name Person to	be contacted					
Address						
Tel No			Fax			
Email						
Name of compa						
Name Person to	be contacted					
Address						
Tel No			Fax			
Email						
Section 14 Any other information, you wish to add in support of your application						
Section 15 Declaration						
I hereby declare that the above particulars are true and I authorize you to contact the referees listed above And confirm that All my certificates / Licences are Authentic / SEASERVICE RECORD is ACCURATE / And I confirm accepting Companies DRUG & ALCOHOL Policy						

Vessel	Company	Type of vessel	Flag	GRT	Rank	Sign on	Sign off
SVETLAMOR- 2	FHN	TUG	Aze	997	CADET	21.12.2024	21.03.2025