



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

1

<b>Position</b>		<b>identity card PIN Number 0Z76NWN</b>
<b>Position Applied for:</b>	2 <sup>ND</sup> Officer	
<b>Date Available from:</b>	-	

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ZAUR</b>	<b>Last Name: MEHBALIYEV</b>	
Date of Birth: 18.01.1979	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: <a href="mailto:zaur_az79@mail.ru">zaur_az79@mail.ru</a>	Mobile Number: (+994) 55 259 85 59	
Permanent Address: A.Zeynalli str, Bilajari settl, Binagadi dist, Baku , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 55 449 10 70 Wife</b>		

3

<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Sabina	Mehbaliyeva	Female	Wife	+99450 380 10 70

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Astrakhan State Technical University	Russia	2014	2019	Bachelor
Marine Fishing Technical School	Azerbaijan	2000	2004	Sub-Bachelor
Maritime Radio Operator	Azerbaijan	1996	1997	Labor College

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<b>Physical Data</b>	
Height	<b>173</b>
Weight	74
Boilersuit Size	M
Shoes Size	42
Blood group	O(I)RH-
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

Ship Management  
ISM&ISPS Management  
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

**Address:** AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** [crewing@unitedalliancegroup.com](mailto:crewing@unitedalliancegroup.com) **Tel:** +994 51 277 19 31

## Seaman`s Book &amp; Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 031806	28.05.2025	Azerbaijan	28.05.2030
Certificate of Competency	Azerbaijan	0002193	14.05.2025	Azerbaijan	16.01.2030
Republic of Azerbaijan	Azerbaijan	C01618706	03.09.2017	Azerbaijan	02.09.2027
Do you hold a US Visa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry Date: -
Do you hold a US Visa 'B1/B2'?	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			-		

## Professional Test

Professional Test Date	Name of Test	Score
-	-	-

## License

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

## STCW Certificates &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-4211-24	SMPA	06.11.2024	01.11.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4211-24	SMPA	06.11.2024	01.11.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-4211-24	SMPA	06.11.2024	01.11.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4211-24	SMPA	06.11.2024	01.11.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4211-24	SMPA	06.11.2024	01.11.2029
International Safety Management	Azerbaijan	SP-3910-24	SMPA	29.11.2024	29.11.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3976-24	SMPA	22.11.2024	21.11.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0625-25	SMPA	23.05.2025	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0539-25	SMPA	23.05.2025	Unlimited
Ship Security Officer	Azerbaijan	SG-0518-24	SMPA	15.11.2024	Unlimited
Leadership & Teamwork	Azerbaijan	DL-0638-24	SMPA	18.10.2024	18.10.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-1097-24	SMPA	25.10.2024	25.10.2029
Updating	Azerbaijan	XS-0012-25	SMPA	21.01.2025	16.01.2030
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0030-25	SMPA	14.02.2025	14.02.2030
Dangerous hazardous and harmful cargoes	Azerbaijan	SK-0187-25	SMPA	07.02.2025	07.02.2030
Medical First Aid	Azerbaijan	SN-1008-24	SMPA	15.10.2024	Unlimited
Medical Care	Azerbaijan	SM-0337-24	SMPA	07.10.2024	Unlimited
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0617-24	SMPA	30.08.2024	30.08.2029
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0301-24	SMPA	06.09.2024	06.09.2029
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0477-24	SMPA	20.09.2024	20.09.2029
Bridge Resource Management	Azerbaijan	SW-0422-24	SMPA	27.09.2024	27.09.2029
Ship Handling and Maneuvering	Azerbaijan	SV-0281-24	SMPA	13.09.2024	13.09.2029
Course on Assessment , Examination and Certification of Seafarers	Azerbaijan	IMO-3.12	SMPA	22.12.2016	-

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

Yacht Management  
Technical Management  
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New Building & Repair

Sale & Purchasing  
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Exclusive Cargo Brokering  
Bunker Supply  
Technical Services

<b>Train The Simulator Trainer And Assessor</b>	Russia	006	MTC	21.02.2015	-
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(Please give a full record starting with the last vessel on which you served)

[illegible]

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**11 For Engineers (Please provide details)**

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

**12 Other Experience**

Azerbaijan Language ; Native  
Russian Language : Good

**12 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	-

**13 Insurance ,Health Related Documentation**

Medical Certificate (Fit for Duty)	YES/NO	YES
<b>Vaccination</b>		
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)

**14 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)

**15 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	1.-	2.-
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.



Signature

Date: 13.06.2025

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