



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 75E6L9S
Position Applied for:	Officer in charge of a navigational watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: ISMAYIL	Last Name: HAZIYEV	
Date of Birth: 02.02.2003	Place of Birth (City and Country): Azerbaijan, JALILABAD	
Email: ismayilhezi02@gmail.com	Mobile Number: (+994) 70 858 79 86	
Permanent Address: Uzeir Hajibayov 72, Nasimi district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 77 309 29 39 Uncle		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elshan	Hazizada	Male	Uncle	+994 77 309 59 39

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2020	2024	Bachelor

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Physical Data	
Height	183
Weight	82
Boilersuit Size	XXL
Shoes Size	43
Blood group	O(I)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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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			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 Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 017762	18.06.2021	Azerbaijan	18.06.2026	
Certificate of Competency	Azerbaijan	RP14884	09.08.2024	Azerbaijan	-	
Certificate of Competency	Azerbaijan	0008487	30.05.2025	Azerbaijan	30.05.2030	
Republic of Azerbaijan	Azerbaijan	C03762896	22.06.2022	Azerbaijan	21.06.2032	
Seaman Book	Liberia	1971694	21.11.2024	Liberia	21.11.2029	
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			-			

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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 TECHNICS	Azerbaijan	SO-1654-21	SMPA	22.07.2021	14.06.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1654-21	SMPA	22.07.2021	14.06.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1654-21	SMPA	22.07.2021	14.06.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1654-21	SMPA	22.07.2021	14.06.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1654-21	SMPA	22.07.2021	14.06.2026
International Safety Management	Azerbaijan	SP-1231-21	SMPA	30.07.2021	16.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1415-24	SMPA	10.05.2024	06.05.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0769-21	SMPA	17.07.2021	18.06.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1444-24	SMPA	10.05.2024	Unlimited
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0065-24	SMPA	16.04.2024	09.01.2029
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0237-24	SMPA	15.04.2024	14.06.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0135-24	SMPA	27.02.2024	05.01.2029
Leadership & Teamwork	Azerbaijan	DL-0121-25	SMPA	14.04.2025	14.04.2030
Ship Handling and Maneuvering	Azerbaijan	SV-0144-25	SMPA	19.06.2025	19.06.2030
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	AS-0027-25	SMPA		
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0648-25	SMPA	20.05.2025	15.05.2030
Bridge Resource Management	Azerbaijan	SW-0111-25	SMPA	02.04.2025	02.04.2030
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0076-25	SMPA	13.05.2025	13.05.2030
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0838-24	SMPA	26.08.2024	Unlimited
Medical First Aid	Azerbaijan	SN-0197-25	SMPA	08.04.2025	Unlimited
Advanced Training in Fire Fighting	Azerbaijan	SJ-0294-25	SMPA	12.05.2025	12.05.2030
Ice Navigation	Azerbaijan	1750755513	UAG	23.06.2025	23.06.2030
Transas Navi Sailor 4000	Azerbaijan	1750755570	UAG	20.06.2025	20.06.2030

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

Yacht Management
Technical Management
Ship Brokering
Surveying & Monitoring
New Building & Repair

Sale & Purchasing
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Exclusive Cargo Brokering
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For Engineers (Please provide details)

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

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Other Experience

English Language : Intermediate (B2)

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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	1.ASCO	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.

Date: 25.06.2025

Signature

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