



APPLICATION FORM

1	Position	identity card PIN Number 55V8B0A
	Position Applied for:	Officer in charge of an engineering watch
	Date Available from:	-

First Name: ORKHAN	Last Name: HASANOV
Date of Birth: 10.11.2000	Place of Birth (City and Country): Russian Federation , NOVOSIBIRSK
Email:-	Mobile Number: (+994) 55 901 30 24
Permanent Address: Sadarak village, Nakhcivan, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)						
	First Name	Last Name	Gender	Relation	Contact		
	Mehman	Gasimov	Male	Father	+994502809485		

4	Maritime Education	aritime Education										
	Name of school	Country	From	То	Type of degree or diploma							
	Azerbaijan State Marie Academy	Azerbaijan	2018	2022	Bachelor							

176
78
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42-43
A(II)RH+

Seaman`s Book & Id	entify 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 027759		24.04.2024	Aze	rbaijan	24.04.2029
Certificate of Competency	Azerbaijan	000	08427	02.04.2025	Aze	erbaijan	02.04.2030
Republic of Azerbaijan	Azerbaijan	C036	6007713	22.06.2021	Aze	erbaijan	21.06.2031
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	Do you hold a US Visa 'B1/B2'? YES/NO NO				-	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
-	-	-

License

8

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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-0885-24 SMPA 27.03.2024 27.03.2029 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-0885-24 **SMPA** 27.03.2024 27.03.2029 SMPA ELEMENTARY FIRST AID Azerbaijan SO-0885-24 27.03.2024 27.03.2029 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-0885-24 **SMPA** 27.03.2024 27.03.2029 SO-0885-24 SAFETY FAMILIARIZATION TRAINING **SMPA** 27.03.2024 27.03.2029 Azerbaijan International Safety Management Azerbaijan SP-0640-24 **SMPA** 18.03.2024 15.03.2029 Proficiency in Survival Craft & Rescue **SMPA** 06.09.2028 SL-3530-23 18.09.2023 Azerbaijan **Boats** Security Awareness Training For All SI-1161-24 SMPA 29.03.2024 Unlimited Azerbaijan **Seafarers** Security Training For Seafarers With SH-2571-23 SMPA 19.09.2023 12.09.2028 Azerbaijan **Designated Security Duties** Azerbaijan SN-0770-24 SMPA 09.08.2024 Unlimited **Medical First Aid** SMPA 26.07.2029 Azerbaijan DL-0476-24 26.07.2024 Leadership & Teamwork SJ-0841-24 SMPA 02.08.2029 **Advanced Training in Fire Fighting** Azerbaijan 05.08.2024 Basic training and qualifications on oil SA-0294-24 **SMPA** 26.04.2024 Unlimited Azerbaijan and chemical tanker cargo operations: Advanced training for oil tanker cargo SMPA SB-0334-24 29.12.2024 29.12.2029 Azerbaijan operations (Crude oil washing system) ER-0233-24 **SMPA** 29.07.2024 29.07.2029 Eugenie-room resource management Azerbaijan

Azerbaijan

SK-0204-24

SMPA

03.04.2024

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Dangerous , hazardous and harmful

cargoes

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29.03.2029

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

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 AZERBAIJAN	Azerbaijan	RO PAX	5740	Wartsila	8523	-	Motorman	06.01.2024	05.03.2024	1 months 28 days	End of Contract
ASCO	M/V NAFTALAN	Azerbaijan	Oil Products Tanker	5353	6ЧРПН	4134		Motorman	08.05.2024	07.07.2024	1 months 29 days	End of Contract
ASCO	M/V ZAGATALA	Azerbaijan	Oil Products Tanker	13470	Wartsila	7843	-	Motorman	14.10.2024	26.12.2024	2 months 12 days	End of Contract
ASCO	M/V HUSEYN JAVID	Azerbaijan	General Cargo Ship	5464	Wartsila	4182	-	Motorman	23.04.2025	07.07.2025	2 months 15 days	End of Contract
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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

11	For Engineers	(Please provide details)	

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

Other Experience

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

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

modical filetory			
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 n	ame 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:	10.07.2025	

Signature

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