



## **APPLICATION FORM**

1	Position	identity card PIN Number 5RKN7L6
	Position Applied for:	Electro Technical Officer
	Date Available from:	-

Last Name: RZAYEV
Place of Birth (City and Country): Azerbaijan, NEFTCHALA
Mobile Number: (+994) 51 454 10 74
Expected Salary Per Month: -
Alternative rank applying for:
Electrician
2

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Jalal	Rzayev	Male	Brother	+994707523739			

4	Maritime Education											
	Name of school	Country	From	То	Type of degree or diploma							
	Azerbaijan State Maritime College	Azerbaijan	2010	2014	Sub-Bachelor							

178
74
48-50(M)
42
A(II)RH+

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

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

Seaman Book	Azerbaijan	DQK 029783		12.09.2024	Aze	rbaijan	12.09.2029
Certificate of Competency	Azerbaijan	0007231		04.05.2021	Aze	rbaijan	04.05.2026
Certificate of Competency	Azerbaijan	RP09688		15.07.2019	Aze	rbaijan	15.07.2029
Republic of Azerbaijan	Azerbaijan	C02861150		10.02.2021	Aze	rbaijan	09.02.2031
Do you hold a US Visa '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 reject	YES/NO	NO					
If YES, please state the country and reasons				-			

**Professional Test** 

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

8 License

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

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0549-25	SMPA	07.04.2025	07.04.2030
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0549-25	SMPA	07.04.2025	07.04.2030
ELEMENTARY FIRST AID	Azerbaijan	SO-0549-25	SMPA	07.04.2025	07.04.2030
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0549-25	SMPA	07.04.2025	07.04.2030
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0549-25	SMPA	07.04.2025	07.04.2030
International Safety Management	Azerbaijan	SP-0449-25	SMPA	11.04.2025	11.04.2030
Refresher	Azerbaijan	YS-0085-21	SMPA	30.04.2021	23.04.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0339-25	SMPA	17.03.2025	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2118-24	SMPA	09.07.2024	Unlimited
1000 Voltage	Azerbaijan	DM-0179-25	SMPA	01.04.2025	01.04.2030
Medical First Aid	Azerbaijan	SN-0665-24	SMPA	09.07.2024	Unlimited
Advanced Training in Fire Fighting	Azerbaijan	SJ-0248-25	SMPA	17.04.2025	17.04.2030
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-1362-24	SMPA	19.12.2024	06.12.2029

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## **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	UZEN TERSANE NO26	-	-	-	6 ДГРН	6000	-	Electro Technical Officer	13.03.2023	13.03.2024	1 year	End of Contract
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							45					
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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

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	-						

12 Other Experience

Azerbaijan Language ; Native English Language : B1

Type of Cranes / No of Reefer Containers

## 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	
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)

14 Medical history

mountain motory		
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?		NO
Do you have any health or disability problems now?		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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16	References (Please give the name and address of your current or immediate past 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:	14.07.2025

Signature

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