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APPLICATION FORM

1	Position	identity card PIN Number 5TZAZ02
	Position Applied for:	Rating forming part of an engine room watch
	Date Available from:	-

First Name: ELSHAD	Last Name: RUSTAMOV
Date of Birth: 24.09.1993	Place of Birth (City and Country): Azerbaijan, SHAMKIR
Email: rusdemovelsad436@gmail.com	Mobile Number: (+994) 55 375 78 22
Permanent Address: Shamkir district, Gilincbayli village, 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			
	Avtandil	Rustamov	Male	Father	+994504919590			

Maritime Education										
Name of school	Country	From	То	Type of degree or diploma						
Kainat Maritime MMC	Azerbaijan	16.10.2023	04.06.2024	Course						

Physical Data	
Height	175
Weight	68
Boilersuit Size	M
Shoes Size	42
Blood group	O(I)RH+

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

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Seaman Book	Azerbaijan	DQK	028873	10.07.2024	Azerbaij	jan	10.07.2029
Certificate of Competency	Azerbaijan	RP	15370	02.07.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03734737		20.05.2024	Azerbaijan		19.05.2034
Seaman Book	Panama	PA0532258		07.08.2024	Panama		23.07.2029
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?		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	-						

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 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-0895-24	SMPA	27.03.2024	27.03.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0895-24	SMPA	27.03.2024	27.03.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0895-24	SMPA	27.03.2024	27.03.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0895-24	SMPA	27.03.2024	27.03.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0895-24	SMPA	27.03.2024	27.03.2029
International Safety Management	Azerbaijan	SP-0589-24	SMPA	11.03.2024	07.03.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0924-24	SMPA	09.04.2024	28.03.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-1069-24	SMPA	29.03.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0755-24	SMPA	29.03.2024	Unlimited

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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
RENLS NAVIGATIO N S.A	M/V WINDRAY REEFER	Panama	Refrigerat ed Cargo Ship	8105	Mitsubishi	7367	-	Oiler III/4	22.07.2024	07.12.2024	4 months 15 days	End of Contract
GN GROUP	M/V ATLANTIC POWER	Panama	AHTS	1575	Rolls- Royce	1943	<u>-</u>	Oiler III/4	06.02.2025	12.06.2025	4 months 6 days	End of Contract

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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 pro	vide details)
	Generators	-
	Purifiers and Boilers	

Type of Cranes / No of Reefer Containers

12 Other Experience

Azerbaijan Language; Native Turkish Language: Good 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
Vaccination		
Yellow Fever	YES/NO	YES
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

modical 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?	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 name and address of	our 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.

07.2025	7.202	2025
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Signature

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