

APPLICATION FORM



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Personal ID Number											
Position Applied for:Able Seafarer-deck									Date Available from:		
1. PersonalData											
FamilyName:Ismayilov				FirstName:Vusal				MiddleName: Shahin			
DateofBirth:06.05.1994				Place of Birth:AZERBAIJAN,Baku				Citizenship:AZERBAIJANIAN			
Permanent Address:Zig gate 16,home 69 ,BAKU,AZERBAIJAN							Phone (Home): Phone (Business/ Mobile):+994556565424 WHATSAPP:+994556565424 E-mail:vusali9423@gmail.com				
2. MaritimeEducation											
Nameofschool				Town		Countr y	From	To	Type of degree or diploma		
K AINAT T ADRIS MARK AZI											
3. ProfessionalTest											
EnglishTestDate						NameofTest			Score		
ProfessionalTestDate						NameofTest			Score		
ProfessionalInterviewDate						Result					
4. FamilyDetails											
Civil Status(Single, Married, Separated, Divorced, Widowed) : SINGLE											
Next of Kin (the first emergency contact) :IsmayilovShahin								Relationship /FATHER			
AddressofResidence:Zig gate 16,home 69 ,BAKU, AZERBAIJAN								Phone :+994553557722,+994707720272			
		Doughter		Son							
FamilyName											
FirstName											
Dateof Birth											

City of living					
Phone Numbers					
5. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date

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Seaman's Book	AZERBAIJAN	DQK011090	State Maritime Administration	31.05.2017	31.05.2022
Travel Passport	AZERBAIJAN	C01518987	AZERBAIJAN BAKU	04.03.2017	03.03.2027

6. Valid Visa		
Country or Union	Type	Valid Until

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	RP08232	13.08.2018	13.08.2028	State Maritime Administration
Maltese Endorsement of COC				
Oil Tanker Endorsement				
Chemical Tanker Endorsement				
Gas Tanker Endorsement				
Oil Tanker Familiarization Training				
Chemical Tanker Familiarization Training				
Gas Tanker Familiarization Training				
Oil Tankers Specialized Training				
Chemical Tanker Specialized Training				
Gas Tanker Specialized Training				
Basic Trainings	SO-0163-22	24.01.2022	14.01.2027	State Maritime Administration
Proficiency in Survival Craft and Rescue Boats	SL-0129-22	21.01.2022	11.01.2027	State Maritime Administration
Advanced Fire Fighting				
Medical First Aid Training				
Medical First Aid Training and Medical Care				
GMDSS				
GMDSS Endorsement				
Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Ship handling & Maneuvering				
Ship Security-related familiarization security-awareness training	SI-0388-22	24.02.2022	23.02.2027	State Maritime Administration
Maltese Endorsement of SSO				
ISM Code	SP-0430-22	22.02.2022	22.02.2027	State Maritime Administration
Training and qualification for ro-ro passenger ship				
ECDIS Training Course				
Risk Assessment Course				
C.O.W./ I.G.S				

FirePracticeonTankers				
VapourRecoverySystem				
UnmannedMachinerySpace				
FRAMO FamiliarizationCourse				
Cargo Ballast Operations on Oil/Chemical Tankers				
HazardousMaterials				
Welder				
Turner				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties	SH-0209-22	18.02.2022	18.02.2027	State Maritime Administ ration
Dangerous hazardous and harmful cargoes				
BasicTraining and qualifications on oil and chemical tanker cargo operations				

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8. PhysicalData				
Height	173			
Weight	85			
ColourofHair	BLACK			
ColourofEyes	BROWN			
BoilersuitSize	XXL			
ShoesSize	43			
9. MedicalHistory			Yes	No
Have you ever signed off a ship due to medical reasons?				
Did you undergo any medical operation in the past?				
Have you consulted a doctor during the last 12 months for an illness/accident?				
Do you have any health or disability problems now?				
If yes, please give full details:				

	Passed:	Validtill:
InternationalMedicalExamination		
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		
10. References (please give name and address of your current or past employer)		Officerremarks
NameofCompany		
Name of person to contact		
Address		
Phone		
NameofCompany		
Name of person to contact		
Address		
Phone		
11. Bankaddressforallotments		
Beneficiary		
AccountNo.		
NameofBank		
BankAddress		

12. Knowledge and experience		Yes	No
OCIMF vetting experience:			
ISGOT knowledge:			
13. I hereby declare that the above, including Medical History, is true			
Place			
14. For Office use only			



15. SeagoingExperience

[illegible]

Total rank sea service:

Total type of vessel sea service:

Rank	Years		Typeofvessel	Years
			OIL TANKER	
			LPG	
			DRY CARGO	

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			TANKER ICE	
			OIL /CHEMICAL TANKER	
			FERRY	
Total			Total:	

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