

APPLICATION FORM



1	Position identity card PIN Number 82EH34J				
	Position Applied for:				Officer in charge of the Engine Room
	Date Available from:				-

2	Personal Information Gender: Male				
	First Name: FAZIL		Last Name: HUMBATLI		
	Date of Birth: 02.02.2002		Place of Birth (City and Country): Azerbaijan, BILASUVAR		
	Email: hmbtvfazel@gmail.com		Mobile Number: (+994) 77 560 96 26		
	Permanent Address: S. Vurgun street, Bilasuvar district, Azerbaijan		Expected Salary Per Month: -		
	Nationality: Azerbaijan		Alternative rank applying for:-		
	Person to call in emergency: (+994) 70 261 41 12 Father				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Shahin	Humbatov	Male	Father	+994 70 261 41 12

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2019	2023	Bachelor

5	Physical Data				
	Height	170			
	Weight	80			
	Boilersuit Size	L			
	Shoes Size	42			
	Blood group	A(II)RH+			
	Additional Physical Information:{You can write any other information you want to add about your physique in this field.}				

DOCUMENT		COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
	Seaman Book	Azerbaijan	DQK 017996		15.07.2021	Azerbaijan		15.07.2026
	Certificate of Competency	Azerbaijan	RP12315		16.09.2024	Azerbaijan		-
	Certificate of Compitency	Azerbaijan	000369\25		05.08.2025	Azerbaijan		05.08.2030
	Republic of Azerbaijan	Azerbaijan	C03725508		11.06.2022	Azerbaijan		10.06.2032
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					-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

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

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1438-21	SMPA	01.07.2021	31.05.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1438-21	SMPA	01.07.2021	31.05.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1438-21	SMPA	01.07.2021	31.05.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1438-21	SMPA	01.07.2021	31.05.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1438-21	SMPA	01.07.2021	31.05.2026
International Safety Management	Azerbaijan	SP-1019-21	SMPA	30.06.2021	02.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2608-24	SMPA	09.08.2024	09.08.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0644-21	SMPA	29.06.2021	04.06.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2518-24	SMPA	13.08.2024	Unlimited
Engine resource management	Azerbaijan	ER-0176-25	SMPA	24.06.2025	20.06.2030
Advanced Training in Fire Fighting	Azerbaijan	SJ-0366-25	SMPA	13.06.2025	12.06.2030
Safe operation and maintenance of high voltage systems 1000 volts or more	Azerbaijan	DM-0528-25	SMPA	04.07.2025	03.07.2030
Leadership & Teamwork	Azerbaijan	DL-0246-25	SMPA	24.06.2025	18.06.2030
Medical First Aid	Azerbaijan	SN-0297-25	SMPA	04.06.2025	Unlimited

Seagoing Experience	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

(Please give a full record starting with the last vessel on which you served)

[illegible]

11

For Engineers (Please provide details)

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

12

Other Experience

English Language :Intermediate

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

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)

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)

16

References *(Please give the name and address of your current or immediate past employer)*

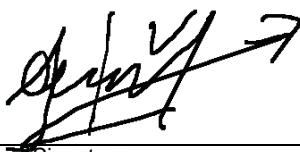
Name of company	1.ASCO	2.-Palmali Shipping
Name of person to contact	-	-
Address	Azerbaijan/Baku	-Turkey/Istanbul
☎ No.	-	-

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.



Signature

Date: 12.08.2025