



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 7M8BQCH
Position Applied for:	Officer in charge of an engineering watch
Date Available from:	-

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Personal Information	Gender: Male
First Name: FAGAN	Last Name: MAMMADOV
Date of Birth: 20.02.2002	Place of Birth (City and Country): Azerbaijan, SIYAZAN
Email: ulvifeqan@gmail.com	Mobile Number: (+994) 70 266 41 02
Permanent Address: Siyazan district , Azerbaijan	Expected Salary Per Month: 1200\$-1400\$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 77 750 49 99 Brother	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ulvi	Mammadov	Male	Brother	+994 77 750 49 99

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2020	2024	Bachelor

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Physical Data	
Height	178
Weight	72
Boilersuit Size	XL
Shoes Size	41
Blood group	AB(IV)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

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

Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 018931	21.12.2021	Azerbaijan	21.12.2026
Certificate of Competency	Azerbaijan	RP13943	03.09.2024	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C04118167	07.06.2023	Azerbaijan	06.06.2033
Certificate of Competency	Azerbaijan	0008513	05.08.2025	Azerbaijan	08.08.2030
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-
Do you hold a US Visa 'B1/B2'?		YES/NO	NO	Issue 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-0462-22	SMPA	10.02.2022	21.01.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0462-22	SMPA	10.02.2022	21.01.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0462-22	SMPA	10.02.2022	21.01.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0462-22	SMPA	10.02.2022	21.01.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0462-22	SMPA	10.02.2022	21.01.2026
International Safety Management	Azerbaijan	SP-0291-22	SMPA	09.02.2022	25.01.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2345-24	SMPA	22.07.2024	19.07.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0237-22	SMPA	10.02.2022	27.01.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2291-24	SMPA	26.07.2024	Unlimited
1000 Voltage	Azerbaijan	DM-0539-25	SMPA	07.07.2025	07.07.2030
Advanced Training in Fire Fighting	Azerbaijan	SJ-0368-25	SMPA	13.06.2025	12.06.2030
Eugenie-room resource management	Azerbaijan	ER-0177-25	SMPA	24.06.2025	20.06.2030
Leadership & Teamwork	Azerbaijan	DL-0250-25	SMPA	24.06.2025	18.06.2030
Medical First Aid	Azerbaijan	SN-0340-25	SMPA	25.06.2025	Unlimited

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

[illegible]

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For Engineers (Please provide details)

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

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Other Experience

Azerbaijan language : Excellent
 Turkish Language ; Good
 English Language : Average
 Russian Language : Good

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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	-

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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)

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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)

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

Name of company	1.ASCO	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

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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: 13.08.2025

Signature

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