



APPLICATION FORM

1	Position	identity card PIN Number 50PNZN3
	Position Applied for:	Second Engineer
	Date Available from:	-

Personal Information	Gender: Male
First Name: NARIMAN	Last Name: HUSEYNOV
Date of Birth: 21.05.1991	Place of Birth (City and Country): Azerbaijan, BAKU
Email: huseynovneriman81@gmail.com	Mobile Number: (+994) 70 253 86 43 / +(994) 51 240 71 40
Permanent Address: Hovsan settlement, Surakhani dist, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 70 370	18 85 Father

3	Family Details: (If Unmarri	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Mubariz	Huseynov	Male	Father	+994703701885

Name of school	Country	From	То	Type of degree or diploma
Azerbaijan Marine Fishing Industry Technical School	Azerbaijan	2006	2010	Sub-Bachelor

Physical Data	
Height	178
Weight	75
Boilersuit Size	42(L)
Shoes Size	42
Blood group	O(I)RH+

6	Seaman's Book & Id	entify Docs		
			 	 DATE OF

 DOCUMENT
 COUNTRY
 NUMBER
 DATE OF ISSUE
 PLACE OF ISSUE
 DATE OF EXPIRY

 Ship Management
 Yacht Management
 Sale & Purchasing

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

Seaman Book	Seaman Book Azerbaijan			10.02.2022	Aze	erbaijan	10.02.2027
Certificate of Competency	Azerbaijan	00	05997	16.12.2022	Aze	erbaijan	13.10.2027
Republic of Azerbaijan	Azerbaijan	C05	329613	11.08.2025	Aze	erbaijan	10.08.2035
Do you hold a US Vis	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 reject	YES/NO	NO	•				
If YES, please state the	he country and rea	isons		-			

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

9

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

STCW Certificates & Trainings Training Date Of **Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-4831-22 SMPA 24.10.2022 24.10.2027 **FIRE PREVENTION & FIRE FIGHTING** Azerbaijan SO-4831-22 **SMPA** 24.10.2022 24.10.2027 **SMPA** ELEMENTARY FIRST AID Azerbaijan SO-4831-22 24.10.2022 24.10.2027 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-4831-22 **SMPA** 24.10.2022 24.10.2027 SO-4831-22 SAFETY FAMILIARIZATION TRAINING SMPA 24.10.2022 24.10.2027 Azerbaijan International Safety Management Azerbaijan SP-2250-22 **SMPA** 25.07.2022 25.07.2027 Proficiency in Survival Craft & Rescue **SMPA** SL-2167-22 29.07.2022 29.07.2027 Azerbaijan **Boats** Security Awareness Training For All SI-2997-23 SMPA 23.08.2023 21.08.2028 Azerbaijan Seafarers Security Training For Seafarers With SH-0273-23 SMPA 03.02.2023 03.02.2028 Azerbaijan **Designated Security Duties** Azerbaijan XS-1271-22 SMPA 18.10.2022 13.10.2027 Updating Leadership & Teamwork Azerbaijan DL-1351-22 SMPA 25.08.2022 25.08.2027 SMPA 15.02.2023 10.02.2028 **Advanced Training in Fire Fighting** Azerbaijan SJ-0202-23 Eugenie-room resource management Azerbaijan ER-0428-22 **SMPA** 08.07.2022 08.07.2027 SN-0279-23 **Medical First Aid** Azerbaijan **SMPA** 20.02.2023 16.02.2028 1000 Voltage Azerbaijan DM-0201-23 **SMPA** 09.08.2023 09.08.2028 SU-0147-23 SMPA **Proficiency in Fast Rescue Boats** 11.04.2023 11.04.2028 Azerbaijan

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

Seagoing Experience

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

COMPAN Y	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	M/V G.A.SHIKHLINISKY	Azerbaijan	Crane Ship	3343	Wartsila	19813	-	Second Engineer	16.09.2018	15.12.2018	3 months	End of Contract
ASCO	M/V ZIRA	Azerbaijan	Offshore /Supply Ship	1394	Wartsila	1585		Second Engineer	16.12.2018	15.01.2019	1 month	End of Contract
ASCO	M/V G.A.SHIKHLINISKY	Azerbaijan	Crane Ship	3343	Wartsila	19813	-	Second Engineer	16.01.2019	15.06.2020	1 years 5 months	End of Contract
ASCO	M/V OM	Azerbaijan	Offshore /Supply Ship	1394	Wartsila	1585		Second Engineer	16.06.2020	15.07.2020	29 days	End of Contract
ASCO	M/V YARENGA	Azerbaijan	Offshore /Supply Ship	1805	Niigata	1763		Second Engineer	16.07.2020	20.08.2020	1 month 4 days	End of Contract
ASCO	M/V G.A.SHIKHLINISKY	Azerbaijan	Crane Ship	3343	Wartsila	19813	-	Second Engineer	21.08.2020	Present	-	-

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**

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11 For Engineers (Please provide details
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Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

Azerbaijan Language : Azerbaijan Russian Language : Intermediate Turkish 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	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

modicus motor;		
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.

Date: 15.08.2025

Signature

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