



## **APPLICATION FORM**

1	Position	identity card PIN Number 6558T5M
	Position Applied for:	Rating forming part of a navigational watch
	Date Available from:	-

First Name: TURAL	Last Name: HASANOV
Date of Birth: 18.12.1996	Place of Birth (City and Country): Azerbaijan, SAMUKH
Email: vefahesenova786@gmail.com	Mobile Number: (+994) 50 777 03 10
Permanent Address: T.Abbasov str, Nizami	Expected Salary Per Month:
dist, Baku, Azerbaijan	1100\$-1200\$
Nationality: Azerbaijan	Alternative rank applying for:

3	Family Details: (If Unmarrie	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Shohrat	Hasanov	Male	Father	+99450 622 98 15

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
Caspian Education Center	Azerbaijan	07.10.2024	14.04.2025	Course

177
69
M
41
A(II)RH+

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

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

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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

Seaman Book	Azerbaijan	DQK	032273	19.08.2025	Aze	rbaijan	19.08.2030
Certificate of Competency	Azerbaijan	RP	17278	11.08.2025	Aze	erbaijan	-
Republic of Azerbaijan	Azerbaijan	C02	263626	09.03.2019	Aze	erbaijan	06.03.2029
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been rejecte	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state the	ne country and reas	sons		-			

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-1134-25 SMPA 07.07.2025 04.07.2030 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-1134-25 **SMPA** 07.07.2025 04.07.2030 07.07.2025 07.07.2025 ELEMENTARY FIRST AID SO-1134-25 **SMPA** 04.07.2030 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-1134-25 **SMPA** 04.07.2030 SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-1134-25 **SMPA** 07.07.2025 04.07.2030 **International Safety Management** Azerbaijan SP-0986-25 **SMPA** 09.07.2025 09.07.2030 Proficiency in Survival Craft & Rescue **SMPA** 01.08.2030 SL-1103-25 01.08.2025 Azerbaijan **Boats** Security Awareness Training For All SI-0808-25 SMPA 04.07.2025 Unlimited Azerbaijan Seafarers Security Training For Seafarers With SH-0908-25 SMPA 15.07.2025 Unlimited Azerbaijan **Designated Security Duties** 

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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)

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
-	-	-	-	-	-	-	-	-	-	-	-	-
			100									
							AP					
							3416					
								100				

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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** 

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For Engineers (Please provide details)					
Generators	-				
Purifiers and Boilers	-				
	Generators				

**Other Experience** 

Type of Cranes / No of Reefer Containers

Azerbaijan Language: Native Russian Language: Intermediate

**Travel Documents** 12

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

Insurance ,Health Related Documentation 13

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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Sale & Purchasing Ship Agency **Exclusive Cargo Brokering Bunker Supply Technical Services** 

16	References (Please give the name and address of your current or immediate past employer)		
	Name of same and	1 -	2 -
	Name of company		

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

17 Declaration			
	17	ı	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:	20.08.2025

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Provision, Ship Supply

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Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply **Technical Services**