

	
---	--

Application Form

Section 1

<i>Position Applied for</i>	Motorman
<i>Lowest Position Acceptable</i>	Motorman
<i>Date of Availability</i>	Any time

Section 2 Personal Details

<i>Family name / Surname</i>	AKBAROV		
<i>First Name / Given Name</i>	GULMIRZA		
<i>Date & Place of Birth</i>	Date: 21.12.1994 Place: Salyan, Azerbaijan		
<i>Nationality</i>	Azerbaijan		
<i>Permanent Address</i>	Azerbaijan, Salyan region		
<i>Present Address</i>	Azerbaijan, Salyan region, Siyaku		
PPE information	<u>SAFETY SHOES SIZE</u>	43	<u>COVERALL SIZE</u> M
<i>Present Contact Number</i>			
<i>Mobile Number</i>	+994 50 717 36 12		
SKYPE ADDRESS	N/A		
<i>Email Address</i>	gulmirzeekberov@gmail.com		
<i>Nearest Airport (and Distance)</i>	Haydar Aliyev Baku International (GYD)		

Section 3 Passport and VISA details

<i>Country of Issue</i>	Azerbaijan / Baku	<i>USA Visa - Type</i>	
<i>Date Issued</i>	23.10.2017	<i>USA VISA Expires</i>	
<i>Place Issued</i>	Azerbaijan	<i>USA Visa - Type</i>	
<i>Passport Number</i>	C01620919	<i>USA VISA Expires</i>	
<i>Passport –Expires</i>	22.10.2027	<i>Other Country Visa</i>	
<i>Secondary passport or Dual nationality</i>	N/A	<i>Visa Expiry</i>	

Section 4 (hi-light as required) Seaman book / Discharge book / Seaman Record Book / CDC

<i>Issuing Country & Place</i>	Azerbaijan	<i>Date Issued</i>	12.03.2024
<i>Number</i>	DQK 027133	<i>Expiry Date (if any)</i>	12.03.2029

Section 5 Next of Kin – this is important information we require- Don't ignore it

<i>Full Name / Relationship</i>	, father
---------------------------------	----------

<i>Any dependents / Children (incl age)</i>	Not any
<i>Address</i>	, Azerbaijan
<i>Contact Numbers</i>	

Section 6 STCW95 Highest Certificate of Competency / Licence Held (also list Flag State Endorsements)

<i>Class / Grade/Capacity</i>	<i>Issuing Country</i>	<i>Certificate No.</i>	<i>Date Issued</i>	<i>Expiry</i>	<i>Details of Limitations</i>
Rating forming part of an engine-room watch	Azerbaijan, Baku	0445/24	01.03.2024	-----	A-II/4

ALSO ENTER ABOVE DETAILS OF ANY OTHER FLAG STATE CERTIFICATES HELD

Section 7 STCW95 Dangerous Cargo Endorsements

	<i>Certificate No.</i>	<i>Date Issued</i>	<i>Expires</i>	<i>Details of Limitations/ Grade</i>
<i>Petroleum.....</i>				
<i>Liquefied Gas.....</i>				
<i>Liquid Chemicals.....</i>				

Section 8 STCW95 related Courses Attended and Certificates Obtained

<i>Name of Course / Certificate</i>	<i>STCW Code</i>	<i>Place</i>	<i>Issue Date</i>	<i>Cert No</i>	<i>Expiry Date</i>
Mandatory minimum requirements for familiarization, basic safety training and instruction for all seafarers	A-VI/1-1, A-VI/1-2, A-VI/1-3, A-VI/1-4	Baku, Azerbaijan	27.11.2023	SO-5502-23	24.11.2028
Proficiency in survival craft and boats other than fast rescue boats	A-VI/2-1,2,3,4	Baku, Azerbaijan	30.11.2023	SL-4206-23	30.11.2028
International safety Management Code	SOLAS IX	Baku, Azerbaijan	07.12.2023	SP-3878-23	07.12.2028
Ship Security-related training and instructing	A-IV/6, 1-4	Baku, Azerbaijan	25.10.2023	SI-3369-23	25.10.2028
Training for seafarers with designated security duties	A-IV/6-2	Baku, Azerbaijan	07.12.2023	SH-3220-23	07.12.2028
Crude Oil washing and inert gas system	A-V/1-1, B-V/1-1	Baku, Azerbaijan	29.12.2023	SA-1150-23	29.12.2028

Section 9 OFFSHORE INDUSTRY COURSES

Please enter below any other certificates held or courses done, ie offshore, DP certs etc or Any other not already mentioned

<i>Name of Course / Certificate</i>	<i>APPROVALS</i>	<i>Place</i>	<i>Issue Date</i>	<i>Cert No</i>	<i>Expiry</i>
OFFSHORE MEDICALS (UK, NORWAY or NETHERLAND)	Uniklinika	Baku, Azerbaijan	03.05.2023	N/A	03.05.2025
Languages	Speaking	Reading	Writing		
Azerbaijan	Good	Good	Good		
Turkish	Good	Good	Good		
DP Maintenance Courses					

Section 11 Medical History

	YES	NO
Have you ever signed off a ship due medical reason?		x
Have you undergone any medical operations in past?		x
Have you consulted a doctor during the past 12 months for an illness / Accident		x
Do you have any health or disability problem now?		x

Have you ever had a professional licence suspended or revoked						x		
Section 13 References (Last Two Recent Employers)								
Name of company								
Name Person to be contacted								
Address								
Tel No					Fax			
Email								
Name of company								
Name Person to be contacted								
Address								
Tel No					Fax			
Email								
Section 14 Any other information, you wish to add in support of your application								
Section 15 Declaration								
I hereby declare that the above particulars are true and I authorize you to contact the referees listed above And confirm that All my certificates / Licences are Authentic / SEASERVICE RECORD is ACCURATE / And I confirm accepting Companies DRUG & ALCOHOL Policy								

Vessel	Company	Type of vessel	Flag	DWT	GRT	Rank	Sign on

