



APPLICATION FORM

1	Position identity card PIN Number 7M8BQCH	
	Position Applied for:	Able Seafarer Engine
	Date Available from:	-

2	Personal Information Gender: Male	
	First Name: RAMZI	Last Name: HUSEYNLI
	Date of Birth: 20.07.2003	Place of Birth (City and Country): Azerbaijan, BAKU
	Email: remzi.huseynov70@gmail.com	Mobile Number: (+994) 70 370 18 00
	Permanent Address: Baku city , Azerbaijan	Expected Salary Per Month: 1200\$-1400\$
	Nationality: Azerbaijan	Alternative rank applying for: -
	Person to call in emergency: (+994) 50 447 60 06 father	

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Parvin	Huseynov	Male	father	+994 50 447 60 06

4	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	183
Weight	95
Boilersuit Size	XXL
Shoes Size	46
Blood group	A(II)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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Seaman's Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 018829	08.12.2021	Azerbaijan	08.12.2026
Certificate of Competency	Azerbaijan	RP14489	03.02.2024	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03306319	29.03.2023	Azerbaijan	28.03.2033
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	-				

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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License

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

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0458-22	SMPA	10.02.2022	21.01.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0458-22	SMPA	10.02.2022	21.01.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0458-22	SMPA	10.02.2022	21.01.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0458-22	SMPA	10.02.2022	21.01.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0458-22	SMPA	10.02.2022	21.01.2026
International Safety Management	Azerbaijan	SP-0287-22	SMPA	09.02.2022	25.01.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2345-24	SMPA	22.07.2025	19.07.2030
Security Awareness Training For All Seafarers	Azerbaijan	SI-0233-22	SMPA	10.02.2022	27.01.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2291-24	SMPA	26.07.2025	Unlimited

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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
ASCO	M/V SABIT ORUJOV	Azerbaijan	Passenger Ship	549	Wartsila	2621	-	Cadet	09.08.2021	14.09.2021	1 month	End of Contract
ASCO	M/V GENERAL ASADOV	Azerbaijan	Passenger Ship	549	Wartsila	2621	-	Cadet	16.06.2022	07.09.2022	3 months	End of Contract
ASCO	M/V KOROGLU	Azerbaijan	Oil products tanker	13470	Wartsila	7834	-	Cadet	16.06.2023	07.09.2023	3 months	End of Contract
ASCO	M/V DEDE-GORGUD	Azerbaijan	Oil products tanker	13470	Wartsila	7834	-	Cadet, Oiler	02.02.2024	24.06.2024	4 months	End of Contract

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Other Experience

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

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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: 20.08.2025

Signature