## **APPLICATION FORM**



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Position Applied for: RATING FORMING PAR T OF A NAVIGATIONAL WATCH (II/4)

**Date Available from: ANY TIME** 

1. PersonalData		
Family Name: Shahbazlı	First Name: Nesir	Middle Name:Rauf
Date of Birth:06.02.1993	Place of Birth:Azerbaijan Neftchala	Citizenship: Azerbaijani
Permanent Address: A	Azerbaijan/Neftchala	Phone (Home): +994508704084 Whatshapp +994508704084 E-mail: nesir.shahbazli@gmail.com

2. MaritimeEducation					
Nameofschool	Town	Country	From	To	Type of degree or diploma
<b>İST</b> services additional	Lankaran	Azerbaijan	2024	2025	Able seaman
education center	Lankaran	Azcıbaijan	2027	2023	Abic scaman

3. ProfessionalTest							
EnglishTest Date	Nameof Test	score					
Professional TestDate	Nameof Test	Score					
Professional Interview Date		Result					

4. FamilyDetails	
Civil Status (Single, Married, Separated, Divorced, Widowed): Sin	gle
<b>Next of Kin</b> (the first emergency contact):	Relationship /brother
Address of Residence:	+994507515787
Azerbaijan/Neftchala	

5. IdentityDocum	nents				
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate

Seaman'sBook	Azerbaijan	DQK 031575	State Maritime Adminstration	24.04.2025	24.04.2030
TravelPassport	Azerbaijan	C05307170	Ministry of Internal Affairs	02.07.2025	01.07.2035

6. ValidVisa		
CountryorUnion	Type	ValidUntil

Place

Document		Number	,	Dates
Document		Number	Issu	ie Expiry
CertificateofCompetency				
MalteseEndorsementof COC				
OilTankerEndorsement				
ChemicalTankerEndorsement				
GasTankerEndorsement				
OilTankerFamiliarizationTraining				
ChemicalTankerFamiliarizationTrainin				
g				
GasTankerFamiliarizationTraining				
OilTankersSpecializedTraining				
ChemicalTankerSpecializedTraining				
GasTankerSpecializedTraining				
BasicTrainings	SO-4533-24	29.11.2024	07.11.2029	State Maritime Admir tration
Proficiency in Survival Craft and Rescu	SL-0935-25	25 06 2025	24.06.2030	State Maritime Agenc
e Boats	SL-0933-23	23.00.2023	24.00.2030	State Maritime Agenc
AdvancedFireFighting				
MedicalFirstAidTraining				
Medical First Aid Training and Medical				
Care				
GMDSS				
GMDSS Endorsement				
RadarObservation&Plotting				
Automatic Radar Plotting Aids Simulat				
or (ARPA)				
BridgeTeamManagement				
Shiphandling&Maneuvering		15 11 20		
Ship Security-related familiarization sec	SI-4363-24	15.11.20		State Maritime Admi nistration
urity-awareness training MalteseEndorsementof SSO		24		mstration
MaiteseEndorsementor SSO	SP-0899-2	04.07.20	01.07.20	G 75 M
ISM Code	SP-0899-2 5	04.07.20 25	30	State Maritime Admi nistration
SafetyOfficer	3	23	30	moti ation
ECDISTrainingCourse				
RiskAssessmentCourse				
C.O.W./ I.G.S				
FirePracticeonTankers				
VapourRecoverySystem				
UnmannedMachinerySpace				
FRAMO FamiliarizationCourse				
Cargo Ballast Operations on Oil/Chemi				
cal Tankers				
Hazardous Materials				
Welder				
Turner				
Risk Management And Incident Investi				
gation				
Training of seafarers with designated se	SH-0715-2	25.06.20		State Maritime Agenc
curity duties	5	25		y
Dangerous hazardous and harmfull carg				
oes				
BasicTraining and qualifications on oil				

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and chemical tanker cargo operations				
Crowd management training				
8. PhysicalData				
Height		176 sm		
Weight		81		
ColourofHair		Black		
ColourofEyes		Brown		
BoilersuitSize		XL		
ShoesSize		41		
Shoessize		<u> </u>		
9. MedicalHistory			Yes	No
Have you ever signed off a ship due	e to med	ical reasons?	105	110
Did you undergo any medical opera				
		last 12 months for an illness/accident	)	
Do you have any health or disability			4	
Do you have any health of disability	y proble	IIIS HOW:		
If yes, please give full details:				
7 /1 8				
	,			
		Passed:	Valid	
International Medical Examination		29.07.2024	29.07	.2026
Vaccination Against YellowFiver				
Vaccination Against Diphtheria				
10 Deferences (		Officers	and and a	
10. References (please give name and address	ss of your cu	urrent or past employer) Officer	emarks	
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I Nameou omnany				
Name of person to contact				
Name of person to contact				
Name of person to contact Address				
Name of person to contact				
Name of person to contact Address Phone				
Name of person to contact Address Phone NameofCompany				
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Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments				
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary				
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo.				
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo. NameofBank				
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo.				
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress			PS PS	No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience		Y	es	No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience OCIMF vetting experience:		Y(	es	No
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Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience OCIMF vetting experience: ISGOT knowledge:	re, inclu		es	No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience OCIMF vetting experience:	re, inclu		es	No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience OCIMF vetting experience: ISGOT knowledge:	re, inclu		es	No

## 14. For Officeuse only

## 15. SeagoingExperience

Nameofvessel	Flag	Vessel'sT ype	DWT	EngType	HP	Manageror Owner	Rank	From d/m/y	Tod/m/y	Total m/d
İsrafil Hüseynov	Azerbaijan	PLBH		Diesel		ASCO	practitioner	12.09.2024	17.11.2024	2m .5d
Sabit Orujov	Azerbaijan	Persons		Diesel		ASCO	Practitioner	25.11.2024	27.01.2025	2m .2d

Total rank sea service:

Total type of vessel sea service:

Rank	Years	Typeofvessel	Years
Able seaman		OIL TANKER	
		LPG	
		DRY CARGO	
		TANKER ICE	
		OIL /CHEMICAL TANKER	
		FERRY	
Total		Total:	