## **APPLICATION FORM**



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	I	Pers	ona	l ID	Nt	ımb	erL	)		

Position A	pplied for:	OIL	ER				Da	.4. A	-1. G	A NINZ TRINATE
	PP						Da	ite Avanai	ole from:/	ANY TIME
1. PersonalI	)ata									
Family Nam BASHIROV		Firs	t Name:				Middle Name: SAFAIL			
Date of Birth	Date of Birth: 27.04.1994 Place of Birth: AZERBAIJAN									
Permanent Address: BAKU						Phone (Home): NO Phone (Business/ Mobile): +994507613108 E-mail:samirbesirov504 @gmail.com				
2. Maritime	Education									
Nameof			Country	,	Town	Fr	om	То	Type of	degree or diploma
AZERB IST.SER	•	AZER	RBAIJAN	ВА	KU	12.01	.2024	12.07.2024		
								l		
3. Profession	nalTest									
EnglishTestDat	e			NameofTest			Score	Score		
ProfessionalTes	stDate			NameofTest			Score	Score		
ProfessionalInte	erviewDate			Result						
4. FamilyDe	tails									
Civil Status(Single	e, Married, Separate	d, Divorce	ed, Widowed	): Marrie	d					
Next of Kin (the fi	irst emergency cont	act):						Relationshi	<b>p</b> /	
Address of Residen	nce: AZERBAIJAN	I,						Phone		
	Doughter	J	Son							
FamilyName	Dougillei		3011							
FirstName										
DateofBirth										
Cityofliving						-	_			
PhoneNumbers										
5. IdentityD	ocuments									
Document	Cour	ntry	Num	ber		Pl	aceofIssu	e	IssueDate	ExpiryDate

ExpiryDate
Page 1 of 4

Seaman'sBook	AZERBAIJAN	AZE034420	State Maritime Administration	28.08.2024	28.08.2029
TravelPassport	AZERBAIJAN	C05000821	AZERBAIJAN	04.07.2024	03.07.2034

6. ValidVisa								
CountryorUnion	Type	ValidUntil						

7. Courses Attended and Certificates Obtain	ined				
Document	Number	Da	ates	Place	
Document	Number	Issue	Expiry	Tiace	
CertificateofCompetency	RP15774	20.08.2024		State Maritime Administration	
MalteseEndorsementof COC					
OilTankerEndorsement					
ChemicalTankerEndorsement					
GasTankerEndorsement					
Advanced training for oil tanker cargo operations					
ChemicalTankerFamiliarizationTraining					
<b>GasTankerFamiliarizationTraining</b>					
OilTankersSpecializedTraining					
ChemicalTankerSpecializedTraining					
GasTankerSpecializedTraining					
BasicTrainings	SO-2482-24	28.06.2024	06.06.2029	State Maritime Administration	
Proficiency in Survival Craft and Rescue Boats	SL-1703-24	23.05.2024	14.05.2029	State Maritime Administration	
AdvancedFireFighting					
MedicalFirstAidTraining					
Medical First Aid Training and Medical Care					
RO-ro					
Crisis management and human behavior training					
RadarObservation&Plotting					
Automatic Radar Plotting Aids Simulator (ARPA)					
BridgeTeamManagement					
Shiphandling&Maneuvering					
Ship Security-related familiarization security-awa	SI-2304-24	30.05.2024		State Maritime Administration	
reness training	81-2304-24	30.05.2024		State Maritime Administration	
MalteseEndorsementof SSO					
ISM Code	SP-1693-24	24.05.2024	24.05.2029	State Maritime Administration	
SafetyOfficer					
ECDISTrainingCourse					
RiskAssessmentCourse					
C.O.W./ I.G.S					
FirePracticeonTankers					
WELDER(Elektrod-MMA)					
UnmannedMachinerySpace					
FRAMO FamiliarizationCourse					
Cargo Ballast Operations on Oil/Chemical Tankers					
Engine resoursce management					
Leadership and Teamwork					
High woltage					
Risk Management And Incident Investigation					
Training of seafarers with designated security duties	SH-1985-24	28.06.2024		State Maritime Administration	
Dangerous hazardous and harmfull cargoes					
BasicTraining and qualifications on oil and chemic					
al tanker cargo operations					

8. PhysicalData	
Height	172

Weight	70						
ColourofHair	Black						
ColourofEyes	Chestnut						
BoilersuitSize	40   XI						
ShoesSize	XL						
				1			
9. MedicalHistory			Yes	No			
Have you ever signed off a ship due to				+			
Did you undergo any medical operation		/ 11 /2		+			
Have you consulted a doctor during the		ess/accident'?		+			
Do you have any health or disability p	problems now?			+			
If yes, please give full details:							
	Passed:	Validti	11:				
InternationalMedicalExamination	06.12.2023	06.12					
VaccinationAgainstYellowFiver							
Vaccination Against Diphtheria							
8 F							
10.70			-				
10. References (please give name and address of	f your current or past employer)	Officerema	rks				
	of your current or past employer)	Officerema	rks				
NameofCompany	f your current or past employer)	Officerema	rks				
Name of person to contact	f your current or past employer)	Officerema	rks				
Name of person to contact Address	f your current or past employer)	Officerema	rks				
Name of person to contact Address	f your current or past employer)	Officerema	rks				
Name of person to contact	f your current or past employer)	Officerema	rks				
Name of person to contact Address Phone	f your current or past employer)	Officerema	rks				
NameofCompany Name of person to contact Address Phone NameofCompany	f your current or past employer)	Officerema	rks				
NameofCompany Name of person to contact Address Phone  NameofCompany Name of person to contact Address	f your current or past employer)	Officerema	rks				
Name of person to contact Address Phone  Name of person to contact Address Phone  Name of Company Name of person to contact Address Phone	f your current or past employer)	Officerema	rks				
Name of person to contact Address Phone  Name of person to contact Address Phone  Name of company Name of person to contact Address Phone  11. Bankaddressforallotments	f your current or past employer)	Officerema	rks				
NameofCompany Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary	f your current or past employer)	Officerema	rks				
NameofCompany Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo.	f your current or past employer)	Officerema	rks				
NameofCompany Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank	f your current or past employer)	Officerema	rks				
NameofCompany Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo.	f your current or past employer)	Officereman	rks				
NameofCompany Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress	f your current or past employer)		rks	No			
NameofCompany Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience	f your current or past employer)	Yes	rks	No			
NameofCompany Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress	f your current or past employer)		rks	No			

Place

14. ForOfficeuseonly

## 15. SeagoingExperience

Nameofves sel	Flag	Vessel 's Ty pe	DW T	EngTy pe	НР	Manageror Owner	Rank	From d/ m/y	To d/m/	Tota l m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan c ompany	cadet	15.04.2024	18.07.2024	3 month

## Total rank sea service:

## Total type of vessel sea service:

			J P · · · · · · · · · · · · · · · · · ·
Rank	Years	Typeofvessel	Years
		OIL TANKER	
		LPG	
		DRY CARGO	
		TANKER ICE	
		OIL /CHEMICAL TANKE	
		R	
		FERRY	
Total		Total:	