

APPLICATION FORM



| | | | | | | | | | | | |
|--------------------|--|--|--|--|---|---|---|---|---|---|---|
| | | | | | 5 | J | H | C | 3 | S | F |
| Personal ID Number | | | | | | | | | | | |

| | |
|---|--------------------------------------|
| Position Applied for: RATING FORMING PART OF A NAVIGATIONAL WATCH (II / 4) | Date Available from: ANY TIME |
|---|--------------------------------------|

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| 1. Personal Data | | |
| Family Name: Shahbazli | First Name: Nesir | Middle Name: Rauf |
| Date of Birth: 06.02.1993 | Place of Birth: Azerbaijan Neftchala | Citizenship: Azerbaijani |
| Permanent Address: Azerbaijan/Neftchala | | Phone (Home): +994508704084 Whatsapp +994508704084 E-mail: nesir.shahbazli@gmail.com |

| | | | | | |
|---|-----------------|-------------------|-------------|-------------|----------------------------------|
| 2. Maritime Education | | | | | |
| Name of school | Town | Country | From | To | Type of degree or diploma |
| IST services additional education center | Lankaran | Azerbaijan | 2024 | 2025 | Able seaman |
| | | | | | |

| | | |
|------------------------------------|---------------------|--------------|
| 3. Professional Test | | |
| English Test Date | Name of Test | score |
| Professional Test Date | Name of Test | Score |
| Professional Interview Date | Result | |

| | |
|--|-------------------------------|
| 4. Family Details | |
| Civil Status (Single, Married, Separated, Divorced, Widowed) : Single | |
| Next of Kin (the first emergency contact) : | Relationship / brother |
| Address of Residence: Azerbaijan/Neftchala | +994507515787 |

| | | | | | |
|------------------------------|----------------|---------------|-----------------------|-------------------|--------------------|
| 5. Identity Documents | | | | | |
| Document | Country | Number | Place of Issue | Issue Date | Expiry Date |

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

| 6. Valid Visa | | |
|------------------|------|-------------|
| Country or Union | Type | Valid Until |
| | | |
| | | |

| 7. Courses Attended and Certificates Obtained | | | | | |
|---|------------|------------|------------|-------------------------------|--|
| Document | Number | Dates | | Place | |
| | | Issue | Expiry | | |
| Certificate of Competency | | | | | |
| Maltese Endorsement of COC | | | | | |
| Oil Tanker Endorsement | | | | | |
| Chemical Tanker Endorsement | | | | | |
| Gas Tanker Endorsement | | | | | |
| Oil Tanker Familiarization Training | | | | | |
| Chemical Tanker Familiarization Training | | | | | |
| Gas Tanker Familiarization Training | | | | | |
| Oil Tankers Specialized Training | | | | | |
| Chemical Tankers Specialized Training | | | | | |
| Gas Tankers Specialized Training | | | | | |
| Basic Trainings | SO-4533-24 | 29.11.2024 | 07.11.2029 | State Maritime Administration | |
| Proficiency in Survival Craft and Rescue Boats | SL-0935-25 | 25.06.2025 | 24.06.2030 | State Maritime Agency | |
| Advanced Fire Fighting | | | | | |
| Medical First Aid Training | | | | | |
| Medical First Aid Training and Medical Care | | | | | |
| GMDSS | | | | | |
| GMDSS Endorsement | | | | | |
| Radar Observation & Plotting | | | | | |
| Automatic Radar Plotting Aids Simulator (ARPA) | | | | | |
| Bridge Team Management | | | | | |
| Shiphandling & Maneuvering | | | | | |
| Ship Security-related familiarization security-awareness training | SI-4363-24 | 15.11.2024 | | State Maritime Administration | |
| Maltese Endorsement of SSO | | | | | |
| ISM Code | SP-0899-25 | 04.07.2025 | 01.07.2030 | State Maritime Administration | |
| Safety Officer | | | | | |
| ECDIS Training Course | | | | | |
| Risk Assessment Course | | | | | |
| C.O.W./ I.G.S | | | | | |
| Fire Practice on Tankers | | | | | |
| Vapour Recovery System | | | | | |
| Unmanned Machinery Space | | | | | |
| FRAMO Familiarization Course | | | | | |
| Cargo Ballast Operations on Oil/Chemical Tankers | | | | | |
| Hazardous Materials | | | | | |
| Welder | | | | | |
| Turner | | | | | |
| Risk Management And Incident Investigation | | | | | |
| Training of seafarers with designated security duties | SH-0715-25 | 25.06.2025 | | State Maritime Agency | |
| Dangerous hazardous and harmful cargoes | | | | | |
| Basic Training 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 |

| 9. MedicalHistory | Yes | No |
|--|-----|----|
| Have you ever signed off a ship due to medical reasons? | | |
| Did you undergo any medical operation in the past? | | |
| Have you consulted a doctor during the last 12 months for an illness/accident? | | |
| Do you have any health or disability problems now? | | |

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|-----------------------------------|
| If yes, please give full details: |
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| | | |
|-----------------------------------|------------|------------|
| | Passed: | Validtill: |
| International Medical Examination | 29.07.2024 | 29.07.2026 |
| Vaccination Against YellowFever | | |
| Vaccination Against Diphtheria | | |
| | | |

| 10. References (please give name and address of your current or past employer) | Officerremarks |
|--|----------------|
|--|----------------|

| | | |
|---------------------------|--|--|
| NameofCompany | | |
| Name of person to contact | | |
| Address | | |
| Phone | | |

| | | |
|---------------------------|--|--|
| NameofCompany | | |
| Name of person to contact | | |
| Address | | |
| Phone | | |

| 11. Bank address for allotments | |
|---------------------------------|--|
| Beneficiary | |
| AccountNo. | |
| NameofBank | |
| BankAddress | |

| 12. Knowledgeandexperience | Yes | No |
|----------------------------|-----|----|
| OCIMF vetting experience: | | |
| ISGOT knowledge: | | |

| 13. I hereby declare that the above, including Medical History, is true | | |
|---|--|--|
| Place | | |

15. Seagoing Experience

| Name of vessel | Flag | Vessel's Type | DWT | Eng Type | HP | Manager or Owner | Rank | From d/m/y | To d/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 |
| | | | | | | | | | | |
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Total rank sea service:

| Rank | Years |
|-------------|-------|
| Able seaman | |
| | |
| | |
| | |
| | |
| | |
| Total | |

Total type of vessel sea service:

| Type of vessel | Years |
|----------------------|-------|
| OIL TANKER | |
| LPG | |
| DRY CARGO | |
| TANKER ICE | |
| OIL /CHEMICAL TANKER | |
| FERRY | |
| Total: | |