



APPLICATION FORM

1	Position identity card PIN Number 397QR2U
Position Applied for: RATING FORMING PART A NAVIGATIONALWATCH	
Date Available from: -	

2	Personal Information Gender: Male
First Name: NAMIG Last Name: ALIYEV	
Date of Birth (dd.mm.yyyy): 01.05.1993 Place of Birth (Country and City): Azerbaijan, Baku	
Email: aliyev.namig314@gmail.com Mobile Number: (+994) 55 314 20 44	
Permanent Address: Azerbaijan, Sabail dist, Neftchilar str 4/21 Expected Salary Per Month: -	
Nationality: Azerbaijani Alternative rank applying for: -	
Person to call in emergency: (+994) 50 461 72 53 FATHER, (+994) 55 562 29 68 BROTHER	

3	Family Details: (If Unmarried kindly give details of Father / Mother)			
First Name	Last Name	Gender	Relation	Contact
Abdulla	Aliyev	MALE	Father	+994 50 461 72 53

4	Maritime Education			
Name of school	Country	From	To	Type of degree or diploma
United Alliance Group LTD	Azerbaijan	07.08.2024	20.02.2025	course

5	Physical Data
Height	1.77
Weight	70kg
Boilersuit Size	L
Shoes Size	40
Blood group	A(II)RH+
Additional Physical Information: -	

6	Seaman's Book & Identify Docs
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Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management
Technical Management
Ship Brokering
Surveying & Monitoring
New Building & Repair

Sale & Purchasing
Ship Agency
Exclusive Cargo Brokering
Bunker Supply
Technical Services

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 031298	20.03.2025	Azerbaijan Marine Administration	20.03.2030
Certificate of Competency	Azerbaijan	ID No: RP16706 Cert. No: 0290/25	07.03.2025	Azerbaijan Marine Administration	No expire date
Passport	Azerbaijan	C02130558	16.08.2018	Ministry of Internal Affairs	15.08.2028
Do you hold a US Visa 'C1/D'?	YES/N	NO	Issue Date:	-	Expiry Date: -
Do you hold a US Visa 'B1/B2'?	YES/N	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-3805-24	SMPA	07.10.2024	07.10.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3805-24	SMPA	07.10.2024	07.10.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3805-24	SMPA	07.10.2024	07.10.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3805-24	SMPA	07.10.2024	07.10.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3805-24	SMPA	07.10.2024	07.10.2029
International Safety Management	Azerbaijan	SP-3658-24	SMPA	24.10.2024	18.10.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3523-24	SMPA	14.10.2024	10.10.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-4037-24	SMPA	16.10.2024	No expire date
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0096-24	SMPA	31.01.2025	No expire date
Basic Training in Oil & Chemical Tanker Cargo Operations	Panama	DGGM-CFM-005-2024	SMPA	03.09.2025	16.08.2030

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10	Seagoing Experience
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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

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For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

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Other Experience

LANGUAGES
 Azerbaijani-native
 Turkish-B2
 English-B2
 Russian-B1

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Travel Documents

Name	YES/NO	Response	Date of 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	-	-
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: 30.04.2025

Signature

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