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APPLICATION FORM

1	Position	identity card PIN Number 6GYQPP1					
	Position Applied for:	Rating forming part of a navigational watch					
	Date Available from:	-					

Personal Information	Gender: Male
First Name: RAFAYIL	Last Name: ALIYEV
Date of Birth: 15.06.2000	Place of Birth (City and Country): Azerbaijan, GANJA
Email: erafayil8@icloud.com	Mobile Number: (+994) 55 898 69 76
Permanent Address: Haydar Aliyev str, Home 4, Ganja city, Azerbaijan	Expected Salary Per Month:
Nationality: Azerbaijan	Alternative rank applying for: -

Family Details: (If Unmarried kindly give details of Father / Mother)							
First Name	Last Name	Gender	Relation	Contact			
Shamil	Aliyev	Male	Brother	+994508585818			

Maritime Education								
Name of school	Country	From	То	Type of degree or diploma				
Kaspian Education Center	Azerbaijan	10.2023	04.2024	Course				
Azerbaijan State Agrar University	Azerbaijan	2017	2021	Bachelor				

Physical Data				
Height	192			
Weight	86			
Boilersuit Size	3XL			
Shoes Size	44			
Blood group	B(III)RH+			
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}				

Seaman's Book & Identify Docs

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 I	SSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	028183	21.05.2024	Azerbaij	an	21.05.2029
Certificate of Competency	Azerbaijan	RP14940		30.04.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02376108		11.02.2019	Azerbaijan		10.02.2029
Do you hold a US Vis	a '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	-						

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

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

STCW Certificates & Trainings **Training Issued Country** Certificate No. Courses Center

Date Issued Expiry SO-1276-24 **SMPA** 15.04.2024 15.04.2029 PERSONAL SURVIVAL TECHNICS Azerbaijan FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-1276-24 **SMPA** 15.04.2024 15.04.2029 SO-1276-24 SMPA 15.04.2024 15.04.2029 **ELEMENTARY FIRST AID** Azerbaijan Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY SO-1276-24 **SMPA** 15.04.2024 15.04.2029 SO-1276-24 **SMPA** 15.04.2024 15.04.2029 SAFETY FAMILIARIZATION TRAINING Azerbaijan **International Safety Management** Azerbaijan SP-1115-24 SMPA 17.04.2024 06.04.2029 Proficiency in Survival Craft & Rescue **SMPA** SL-0983-24 09.04.2024 09.04.2029 Azerbaijan **Boats** Security Awareness Training For All SI-1536-24 **SMPA** 16.04.2024 Unlimited Azerbaijan Seafarers Security Training For Seafarers With **SMPA** SH-0906-24 04.04.2024 Unlimited Azerbaijan **Designated Security Duties** Dangerous , hazardous and harmful SK-1256-25 **SMPA** 24.09.2025 17.09.2030 Azerbaijan cargoes Training of Passenger ship personnel Ukraine 6/2025/35 ATC 05.06.2025 05.06.2030

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Date Of

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
UGC SHIPPING CORP	M/V FIRUZE G	Palau	Ro-Ro /Passeng er ship	8919	Sulzer	5970	-	Ordinary Seaman	02.08.2024	15.08.2025	12 months 13 days	End of Contract
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Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply** Technical Services

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

11	For Engineers (Please provide details)									
		-								
	Generators									
	Purifiers and Boilers	-								

12 Other Experience

Type of Cranes / No of Reefer Containers

Azerbaijan Language : Excellent Russian Language : Poor

12 Travel Documents

Traver becamente							
Name	YES/NO	Country	Date pf Expire				
Schengen	YES/NO	NO	-				
US	YES/NO	NO	-				
China	YES/NO	NO	-				
Australia	YES/NO	NO	-				

13 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)

14 Medical history

mountain motory		
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?		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)

15 Genera

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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16	References (Please give the name and address of your current or immediate past employer)		
	Name of company	1	2

Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17	Declaration
• •	2001

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:	10.10.2025

Signature

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