



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 4XB2R5T
Position Applied for:	Officer in charge of a navigational watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: TURAN	Last Name: HASANOV	
Date of Birth: 08.01.1990	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: turanhesenov745@gmail.com	Mobile Number: (+994) 70 971 71 66	
Permanent Address: Surakhani dist , E.Bakirli str, Baku, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 55 792 21 47 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Zohrab	Hasanov	Male	Brother	+994557922147
Rizvan	Hasanov	Male	Father	+994506112154

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Maritime College	Azerbaijan	2012	2016	Sub-Bachelor

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Physical Data	
Height	158
Weight	60
Boilersuit Size	M
Shoes Size	37
Blood group	AB(IV)RH-
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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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

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 018473		22.09.2021	Azerbaijan		22.09.2026
Certificate of Competency	Azerbaijan	0006744		29.03.2023	Azerbaijan		14.12.2027
Republic of Azerbaijan	Azerbaijan	C02709436		24.12.2019	Azerbaijan		23.12.2029
Do you hold a US Visa '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 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-4730-23	SMPA	14.09.2023	25.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4730-23	SMPA	14.09.2023	25.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4730-23	SMPA	14.09.2023	25.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4730-23	SMPA	14.09.2023	25.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4730-23	SMPA	14.09.2023	25.08.2028
International Safety Management	Azerbaijan	SP-2742-23	SMPA	14.08.2023	14.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4305-22	SMPA	26.12.2022	22.12.2027
Security Awareness Training For All Seafarers	Azerbaijan	-	SMPA	-	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1516-22	SMPA	07.08.2022	04.08.2027
Medical First Aid	Azerbaijan	SN-0953-22	SMPA	11.08.2022	11.08.2027
Leadership & Teamwork	Azerbaijan	DL-1290-22	SMPA	16.08.2022	16.08.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1845-22	SMPA	29.12.2022	29.12.2027
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0282-22	SMPA	21.04.2022	18.04.2027
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0096-22	SMPA	01.03.2022	01.03.2027
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0601-22	SMPA	31.10.2022	28.10.2027
Bridge Resource Management	Azerbaijan	SW-0054-23	SMPA	08.02.2023	08.02.2028
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0143-24	SMPA	07.10.2024	04.10.2029
Updating	Azerbaijan	XS-1425-22	SMPA	16.12.2022	14.12.2027

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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
ASCO	M/V ATLET-5	Azerbaijan	Crane Ship	457	Sulzer	1384	-	2 ND Officer	16.09.2018	01.08.2019	10 months 16 days	End of Contract
ASCO	M/V ATLET-5	Azerbaijan	Crane Ship	457	Sulzer	1384	-	3 RD Officer	01.08.2019	16.03.2020	7 months 15 days	End of Contract
ASCO	M/V LYUTOQA	Azerbaijan	Offshore Tug/Supply Vessel	1180	Nohab	1313	-	3 RD Officer	16.03.2020	21.09.2021	1 year 6 months 5 days	End of Contract
ASCO	M/V NARVA	Azerbaijan	General Cargo Ship	2649	SKL	1926	-	3 RD Officer	21.09.2021	01.10.2022	1 year 10 days	End of Contract
ASCO	M/V NARVA	Azerbaijan	General Cargo Ship	2649	SKL	1926	-	2 ND Officer	01.10.2022	01.11.2022	1 month	End of Contract
ASCO	M/V ATLET-5	Azerbaijan	Crane Ship	457	Sulzer	1384	-	2 ND Officer	01.11.2022	22.12.2022	1 month 21 days	End of Contract
ASCO	M/V AYDIN MAMADOV	Azerbaijan	Crane Ship	380	Sulzer	1387	-	2 ND Officer	22.12.2022	01.01.2023	10 days	End of Contract
ASCO	M/V ATLET-5	Azerbaijan	Crane Ship	457	Sulzer	1384	-	2 ND Officer	01.01.2023	16.08.2024	1 year 7 months 15 days	End of Contract
ASCO	M/V USUKHCHAY	Azerbaijan	Crane Ship	348	Russian	816	-	2 ND Officer	16.08.2024	16.09.2025	1 year 1 month	End of Contract
ASCO	M/V VAGIF JAFAROV	Azerbaijan	Crane Ship	1326	Sulzer	2971	-	2 ND Officer	16.09.2025	16.10.2025	1 month	End of Contract
ASCO	M/V ZULFI HAJIYEV	Azerbaijan	Crane Ship	1392	Sulzer	2700	-	2 ND Officer	16.10.2025	-	-	On Board

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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

Azerbaijan Language : Native
Turkish Language : Good

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Travel Documents

Name	YES/NO	Country	Date pf 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)	MEDILUKS(12.02.2025-12.02.2027)	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	1.-	2.-
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: 29.10.2025

Signature

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