



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 4HRGM9P</b>
<b>Position Applied for:</b>	Second Engineer
<b>Date Available from:</b>	-

2

<b>Personal Information</b>	<b>Gender: Male</b>
<b>First Name: FAZIL</b>	<b>Last Name: AGHAYEV</b>
Date of Birth: 27.09.1988	Place of Birth (City and Country): Azerbaijan, BAKI
Email: fazilq055@gmail.com	Mobile Number: (+994) 50 572 62 57
Permanent Address: I.Ahlimanov str, Hovsan settl, Baku, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
<b>Person to call in emergency: (+994) 70 752 78 27 Father</b>	

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Samandar	Aghayev	Male	Father	+994707527827

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Azerbaijan State Mariner Academy	Azerbaijan	2006	2010	Bachelor

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<b>Physical Data</b>	
Height	173
Weight	96
Boilersuit Size	2XL
Shoes Size	43
Blood group	O(I)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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<b>Seaman`s Book &amp; Identify Docs</b>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>

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 Chemenzenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

Seaman Book	Azerbaijan	DQK		Azerbaijan	
Certificate of Competency	Azerbaijan	0005855	04.11.2025	Azerbaijan	04.11.2030
Republic of Azerbaijan	Azerbaijan	C05148726	04.03.2025	Azerbaijan	03.03.2035
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
-	-	-

8

**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-0173-25	SMPA	30.01.2025	30.01.2030
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0173-25	SMPA	30.01.2025	30.01.2030
ELEMENTARY FIRST AID	Azerbaijan	SO-0173-25	SMPA	30.01.2025	30.01.2030
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0173-25	SMPA	30.01.2025	30.01.2030
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0173-25	SMPA	30.01.2025	30.01.2030
International Safety Management	Azerbaijan	SP-0336-25	SMPA	28.02.2025	28.02.2030
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0151-25	SMPA	03.02.2025	03.02.2030
Security Awareness Training For All Seafarers	Azerbaijan	SI-0226-25	SMPA	28.02.2025	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0161-25	SMPA	14.02.2025	Unlimited
Dangerous , hazardous and armful cargoes	Azerbaijan	SK-0311-25	SMPA	26.02.2025	26.02.2030
Leadership & Teamwork	Azerbaijan	DL-0037-25	SMPA	24.01.2025	24.01.2030
Advanced Training in Fire Fighting	Azerbaijan	SJ-0134-25	SMPA	18.02.2025	17.02.2030
Medical First Aid	Azerbaijan	SN-0122-25	SMPA	19.02.2025	Unlimited
Engine-room resource management	Azerbaijan	ER-0055-25	SMPA	19.02.2025	19.02.2030
1000 Voltage	Azerbaijan	DM-0747-25	SMPA	26.08.2025	26.08.2030

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11	<b>For Engineers (Please provide details)</b>
Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12	<b>Other Experience</b>
Azerbaijan Language : Native Russian Language : Good English Language A1 I worked at the State Border Service in the Coast Guard as the Head of the Electromechanics Department. (25.12.2024-16.07.2025)	

12	<b>Travel Documents</b>																			
<table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table>	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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Schengen	YES/NO	NO	-																	
US	YES/NO	NO	-																	
China	YES/NO	NO	-																	
Australia	YES/NO	NO	-																	

13	<b>Insurance ,Health Related Documentation</b>		
Medical Certificate (Fit for Duty)	Uniklnika(22.01.2025-22.01.2027)	YES/NO	YES
<b>Vaccination</b>			
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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14	<b>Medical history</b>	
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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15	<b>General</b>	
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: 13.11.2025

\_\_\_\_\_  
Signature

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