



APPLICATION FORM

1	Position	identity card PIN Number 53G14LF
	Position Applied for:	Able Seafarer Deck
	Date Available from:	-
	Date 11 taliante 11 tili	

First Name: NURAN	Last Name: AGHAZADA
Date of Birth: 26.05.1991	Place of Birth (City and Country): Azerbaijan, KHACHMAZ
Email:-	Mobile Number: (+994) 70 849 84 85
Permanent Address: Khudat town, Khachmaz district ,Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarrie	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Bahadir	Aghayev	Male	Father	+994703585696

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
-	-	-	-	-

Physical Data	
Height	170
Weight	80
Boilersuit Size	XL
Shoes Size	42
Blood group	O(I)RH+
<u> </u>	v other information you want to add about your physique in this f

Seaman's Book & Id	entify Docs		
			DATE OF

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 024332	07.07.2023	Azerbaijan	07.07.2028

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5

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Certificate of Competency	Azerbaijan	RP	06447	22.08.2022	Aze	rbaijan	-
Republic of Azerbaijan	Azerbaijan	C01	036482	06.10.2016	Aze	rbaijan	05.10.2026
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been reject	ed for any visa app	olied for?	•	YES/NO	NO		
If YES, please state t	he country and rea	isons		-			

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 Date Of Courses **Issued Country** Certificate No. **Date Issued** Center **Expiry** Azerbaijan PERSONAL SURVIVAL TECHNICS SO-0243-23 **SMPA** 23.01.2023 30.12.2027 SMPA 23.01.2023 30.12.2027 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-0243-23 Azerbaijan 23.01.2023 **ELEMENTARY FIRST AID** SO-0243-23 **SMPA** 30.12.2027 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-0243-23 **SMPA** 23.01.2023 30.12.2027 SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-0243-23 SMPA 23.01.2023 30.12.2027 Azerbaijan **International Safety Management** SP-2531-22 **SMPA** 25.08.2022 11.08.2027 Proficiency in Survival Craft & Rescue SL-0253-23 SMPA 24.01.2023 10.01.2028 Azerbaijan **Boats** Security Awareness Training For All SI-1706-23 **SMPA** 21.06.2023 12.06.2028 Azerbaijan Seafarers Security Training For Seafarers With SH-1654--22 SMPA 24.08.2022 15.07.2027 Azerbaijan **Designated Security Duties** Basic training and qualifications on oil SA-0717-22 **SMPA** 23.09.2022 18.08.2027

Azerbaijan

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and chemical tanker cargo operations;

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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

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
ARROW STAR TRADING	M/V ATRIA	Liberia	Oil Products Tanker	13005		7852	7.67	Able Seafarer Deck	26.11.2023	30.03.2024	4 months 4 days	End of Contract
			/\	7/70								
							70					
									/			

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Generators					
Purifiers and Boilers	_				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
Travel Documents					
Name		YES/NO	Country	Date p	f Expire
Schengen		YES/NO	NO		-
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance, Health Related D	ocumentation				
Medical Certificate (Fit for Dut	y)			YES/NO	YES
Yellow Fever		Vaccina	ation	VEONO	NO
COVID-19				YES/NO YES/NO	YES
Medical history					
Medical history	in due to medica	I reasons?		VES/NO	NO
Have you ever signed off a sh	•			YES/NO	NO NO
Have you ever signed off a sh Have you undergone any open	ration in the past	?	ss/accident?	YES/NO	NO
Have you ever signed off a sh Have you undergone any oper Have you consulted a doctor of	ration in the past during the last 12	? months for an illne	ss/accident?	YES/NO YES/NO	NO NO
Have you ever signed off a sh Have you undergone any open	ration in the past during the last 12 ability problems	? months for an illne	ss/accident?	YES/NO	NO NO NO
Have you ever signed off a sh Have you undergone any open Have you consulted a doctor of Do you have any health or dis Do you take any medications	ration in the past during the last 12 ability problems or regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	NO NO NO
Have you ever signed off a sh Have you undergone any oper Have you consulted a doctor of Do you have any health or dis	ration in the past during the last 12 ability problems or regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	NO NO NO
Have you ever signed off a sh Have you undergone any oper Have you consulted a doctor of Do you have any health or dis Do you take any medications (If the answer is YES to any	ration in the past during the last 12 ability problems or regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	NO NO NO
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Have you ever signed off a sh Have you undergone any oper Have you consulted a doctor of Do you have any health or dis Do you take any medications (If the answer is YES to any	ration in the past during the last 12 ability problems regularly? y of the above, pl	? months for an illnemow? lease give full detail	s and attach a separate	YES/NO YES/NO YES/NO YES/NO	NO NO NO NO
Have you ever signed off a sh Have you undergone any oper Have you consulted a doctor of Do you have any health or dis Do you take any medications of (If the answer is YES to any General Have you ever been the subject	ration in the past during the last 12 sability problems or regularly? y of the above, plact of a court of eronal license suspination.	? months for an illnemow? lease give full detail equiry or involved in ended or revoked?	s and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	NO NO NO NO
Have you ever signed off a sh Have you undergone any oper Have you consulted a doctor of Do you have any health or dis Do you take any medications of (If the answer is YES to any	ration in the past during the last 12 sability problems or regularly? y of the above, plact of a court of eronal license suspination.	? months for an illnemow? lease give full detail equiry or involved in ended or revoked?	s and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	NO NO NO NO
Have you ever signed off a sh Have you undergone any oper Have you consulted a doctor of Do you have any health or dis Do you take any medications of (If the answer is YES to any General Have you ever been the subject	ration in the past during the last 12 sability problems or regularly? y of the above, plact of a court of eronal license suspination.	? months for an illnemow? lease give full detail equiry or involved in ended or revoked?	s and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	NO NO NO
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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 person to contact	-	-
Address	-	-
■ No.	-	-

17 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:	25.11.2025	
Signature			

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