



APPLICATION FORM

1	Position	identity card PIN Number 4VNVLB4
	Position Applied for:	Officer in Charge of an Engineering Watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: KAMIL	Last Name: HASANOV
Date of Birth: 29.06.1989	Place of Birth (City and Country): Azerbaijan, BAKU
Email: kamil_hesenov@mail.ru	Mobile Number: (+994) 70 247 70 71; (+994) 50 247 70 71
Permanent Address:6/18, Hafiz Guliyev	
street, Hovsan settl, Surakhani district,	Expected Salary Per Month:
Baku, Azerbaijan	
Nationality: Azerbaijan	Alternative rank applying for: -

Family Details: (If Unmar	ried kindly give details of F	ather / Mother)		
First Name	Last Name	Gender	Relation	Contact
Kamal	Hasanov	Male	Brother	+994 50 846 11 74

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
Astraxan State Marine Academy	Russia	2014	2019	Higher/education

Height	174
Weight	81
Boilersuit Size	L
Shoes Size	42
Blood group	A(II)RH+

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
Com Tel: +994 51 277 19 31

rovision, Ship Supply

New Building & Repair

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF I	SSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	020656	30.06.2022	Azerbaij	an	30.06.2027
Certificate of Competency	Azerbaijan	000	08123	11.03.2024	Azerbaij	an	11.03.2029
Republic of Azerbaijan	Azerbaijan	C014	489173	03.10.2017	Azerbaij	an	02.10.2027
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	lied for?		YES/NO	NO		
If YES, please state t	he country and reas	sons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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 TECHNICS	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
International Safety Management	Azerbaijan	SP-1911-22	SMPA	24.06.2022	24.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0917-21	SMPA	24.06.2021	22.06.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-4060-23	SMPA	22.12.2023	19.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1163-22	SMPA	29.06.2022	29.06.2027
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0051-23	SMPA	31.01.2023	31.01.2028
Leadership & Teamwork	Azerbaijan	DL-1569-22	SMPA	07.10.2022	07.10.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1413-22	SMPA	06.10.2022	06.10.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0766-22	SMPA	04.10.2022	04.10.2027
Eugenie-room resource management	Azerbaijan	ER-0588-22	SMPA	05.10.2022	05.10.2027
Medical First Aid	Azerbaijan	SN-1401-22	SMPA	26.10.2022	24.10.2027
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0301-24	SMPA	19.04.2024	19.04.2029

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

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
CMS	M/V AKTOBE	Azerbaijan	TANKER	1300 0	Wartsila	7852	-	Motorman	15.09.2019	12.01.2020	4 month	Change
CMS	M/V TOFIG ISMAYILOV	Azerbaijan	Offshore	1386	Man Hundai	4298	-	Motorman	11.03.2020	10.06.2020	3 month	End of Contract
CMS	M/V RASHID BEHBUDOV	Azerbaijan	Passenge r Ship	3000	MTU /JET	4000		3 RD Engineer	15.08.2020	08.02.2021	4 month	End of Contract
ASCO	SHAİR SABIR	Azerbaijan	DRY CARGO	2736	Wartsilia Engines	2533	-	3 RD Engineer	26.04.2021	01.01.2022	9 month	End of Contract
ASCO	SAIR VAQIF	Azerbaijan	DRY CARGO	5491	Wartsilia Engines	2380	-	3 RD Engineer	01.03.2023	15.08.2022	5 month	End of Contract
ASCO	REZUL RZA	Azerbaijan	DRY CARGO	5441	MAK typ diesel	4152	-	3 RD Engineer	02.10.2022	29.02.2023	4 month 26 day	End of Contract
ASCO	MAESTRO NIYAZI	Azerbaijan	DRY CARGO	5885	MAN/ Hundai	4953	J.	3 RD Engineer	15.03.2023	15.06.2023	3 month	End of Contract
ASCO	TEYMUR AHMEDOV	Azerbaijan	DRY CARGO	3391	REM diesel	2380	W	3 RD Engineer	10.07.2023	10.11.2023	4 month	End of Contract
MEDKON LINES	MEDKON LIA	TURKIYE	Container	1223 8	Man HUNDAI	10384	-	3 RD Engineer	18.12.2023	30.04.2024	4 month 12 day	End of Contract
UNI TANKER GROUP	INEMA	RUSSIAN	TANKER	3300	Neva Diesel	3300	G	2 nd Engineer	20.05.2024	27.09.2024	4 month 10 day	End of Contract
SAMAYA LOGISTIKA MMC	MV/YAGUAR	Azerbaijan	DRY CARGO	2351	Detroit Diesel	1834	<u>-</u>	2 nd Engineer	01.10.2024	20.07.2025	9 month 20 day	End of Contract
OPTIMAL SHIPPING LTD	SEA ARIES	TURKIYE	DRY CARGO	5885	Man HUNDAI	2614		2 nd Engineer	28.07.2025	14.11.2025	Continues	Continues

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Generators				
Purifiers and Boilers _				
Type of Cranes / No of Reefer Containers				
Other Experience				
-				
T				
Travel Documents	VECNO	Consentance	Data of F	
Name Schengen	YES/NO YES/NO	Country NO	Date pf E	xpire
US	YES/NO	NO		
China	YES/NO	NO	_	
Australia	YES/NO	NO	-	
Insurance ,Health Related Documents	ation			
Medical Certificate (Fit for Duty)			YES/NO	Y
	Vaccin	ation		
Yellow Fever			YES/NO	١
COVID-19			YES/NO	Y
Medical history				
Have you ever signed off a ship due to			YES/NO	N
Have you ever signed off a ship due to the Have you undergone any operation in the	ne past?		YES/NO	N
Have you ever signed off a ship due to the Have you undergone any operation in the Have you consulted a doctor during the	ne past? last 12 months for an illne	ess/accident?	YES/NO YES/NO	N
Have you ever signed off a ship due to r Have you undergone any operation in th Have you consulted a doctor during the Do you have any health or disability pro	ne past? last 12 months for an illne blems now?	ess/accident?	YES/NO YES/NO YES/NO	1
Have you ever signed off a ship due to the Have you undergone any operation in the Have you consulted a doctor during the Do you have any health or disability produced by you take any medications regularly?	ne past? last 12 months for an illne blems now?		YES/NO YES/NO YES/NO YES/NO	! !
Have you ever signed off a ship due to the Have you undergone any operation in the Have you consulted a doctor during the Do you have any health or disability pro-	ne past? last 12 months for an illne blems now?		YES/NO YES/NO YES/NO YES/NO	1 1 1
Have you ever signed off a ship due to the Have you undergone any operation in the Have you consulted a doctor during the Do you have any health or disability produced by you take any medications regularly?	ne past? last 12 months for an illne blems now?		YES/NO YES/NO YES/NO YES/NO	١
Have you ever signed off a ship due to the Have you undergone any operation in the Have you consulted a doctor during the Do you have any health or disability produced by you take any medications regularly? (If the answer is YES to any of the above the same that the product of the same that the same that the product of the same that the same thad the same that the same that the same that the same that the sa	ne past? last 12 months for an illneblems now? bove, please give full deta	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO	1

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Declaration	
hereby declare that the above particulars are true	e and authorize you to contact the referees listed above.
have read it, I am familiar with it, I confirm with m	ny signature.
	Date:
Signature	