



## APPLICATION FORM

1	<b>Position</b>	identity card PIN Number 85HRMNE
	Position Applied for:	Able Seafarer-Engine
	Date Available from:	-

2	<b>Personal Information</b>	Gender: Male
	First Name: BAHRUZ	Last Name: FEYZULLAYEV
	Date of Birth: 27.07.2002	Place of Birth (City and Country): Azerbaijan, Bilesuvar
	Email: <a href="mailto:behruzfeyzullayev97@gmail.com">behruzfeyzullayev97@gmail.com</a>	Mobile Number: (+994) 70 577 50 60
	Permanent Address: Bilasuvar city, M.Ibrahimov street, house 12, Baku, Azerbaijan	Expected Salary Per Month: -
	Nationality: Azerbaijan	Alternative rank applying for: -
	Person to call in emergency: (+994) 70 479 81 11 Father	

3	<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
	First Name	Last Name	Gender	Relation	Contact
	Rizvan	Feyzullayev	Male	Father	+994704798111

4	<b>Maritime Education</b>				
	Name of school	Country	From	To	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2020	2024	Bachelor

5	<b>Physical Data</b>	
	Height	176
	Weight	90
	Boilersuit Size	XL
	Shoes Size	43
	Blood group	A(IV)RH+

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## Seaman's Book &amp; Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 018920		18.12.2021	Azerbaijan		18.12.2026
Certificate of Competency	Azerbaijan	RP15264		09.10.2025	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C04048446		25.05.2023	Azerbaijan		24.05.2033
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 &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-1781-25	SMPA	19.11.2025	05.11.2030
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1781-25	SMPA	19.11.2025	05.11.2030
ELEMENTARY FIRST AID	Azerbaijan	SO-1781-25	SMPA	19.11.2025	05.11.2030
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1781-25	SMPA	19.11.2025	05.11.2030
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1781-25	SMPA	19.11.2025	05.11.2030
International Safety Management	Azerbaijan	SP-1442-25	SMPA	25.08.2025	20.08.2030
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1257-25	SMPA	28.08.2025	28.08.2030
Security Awareness Training For All Seafarers	Azerbaijan	SI-1264-25	SMPA	29.08.2025	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1237-25	SMPA	20.08.2025	Unlimited

## 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 SABIT ORUJOV	Azerbaijan	Passenger Ship	549	Wartsila	2621	-	Probationer	09.08.2021	14.09.2021	1 months 5 days	End of Contract
ASCO	M/V ATLET-8	Azerbaijan	CARGO SHIP (CRANE SHIP)	457	SULZER	1384	-	Probationer	16.06.2022	07.09.2022	2 months 22 days	End of Contract
ASCO	M/V Composer FIKRAT AMIROV	Azerbaijan	CARGO SHIP	3200	6VDS 42/48 MAN	8955	-	Probationer	16.06.2022	07.09.2023	2 months 22 days	End of Contract
ASCO	M/V SHAHDAG	Azerbaijan	CARGO SHIP (WAGON, CAR, TRAILER)	5991	5S29MC MAN	8547	-	Probationer	03.02.2024	22.05.2024	3 months 20 days	End of Contract

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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**

English Language ; A2  
 TURKISH Language : Native  
 Azerbaijan Language : Excellent

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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)	YES/NO	YES
<b>Vaccination</b>		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	YES

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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

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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

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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: 15.10.2025

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Signature