



## **APPLICATION FORM**

1	Position	identity card PIN Number 71SFUAF					
	Position Applied for:	Rating forming part of a navigational watch					
	Date Available from:	-					

Personal Information	Gender: Male
First Name: MURAD	Last Name: DAVUDOV
Date of Birth: 26.08.2000	Place of Birth (City and Country): Azerbaijan, ASTARA
Email: davudovmurad@gmail.com	Mobile Number: (+90) 505 297 38 82
Permanent Address: Cabi str, Astara district ,Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Jamal	Davudov	Male	Father	+994515554124			

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	IST Services	Azerbaijan	16.04.2024	16.10.2024	Course

Physical Data	
Height	185
Weight	75
Boilersuit Size	58
Shoes Size	44
Blood group	AB(IV)RH+

Seaman's Book & Identify Docs							
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY		
Seaman Book	Azerbaijan	DQK 0305068	12.12.2024	Azerbaijan	12.12.2029		

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Certificate of Competency	Azerbaijan	RP16332		03.12.2024	Azerba	ijan	-
Republic of Azerbaijan	Azerbaijan	C02772518		09.08.2020	Azerbaijan		08.08.2030
Do you hold a US Vis	YES/NO	NO	Issue Date:	-	Expiry	Date: -	
Do you hold a US Vis	YES/NO	NO	Issue Date:	-	Expiry	Date:-	
Have you been reject	ed for any visa app		YES/NO	NO			
If YES, please state the	ne country and reas	-					

**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-3696-24	SMPA	27.09.2024	20.08.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3696-24	SMPA	27.09.2024	20.08.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3696-24	SMPA	27.09.2024	20.08.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3696-24	SMPA	27.09.2024	20.08.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3696-24	SMPA	27.09.2024	20.08.2029
International Safety Management	Azerbaijan	SP-2959-24	SMPA	02.09.2024	30.08.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3170-24	SMPA	18.09.2024	10.09.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-3385-24	SMPA	21.08.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3020-24	SMPA	18.09.2024	Unlimited
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0916-24	SMPA	10.09.2024	Unlimited

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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
CLEARLINE SHIPPING LTD	M/V GUZEL	Cameroon	Ro-Ro Cargo Ship	4476	Sulzer	5846		Ordinary Seaman	28.02.2025	10.10.2025	7 months 12 days	End of Contract
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11	For Engineers (Please prov	ide details)
	Generators	-
	Purifiers and Boilers	-
	Type of Cranes / No of	

12 Other Experience

Reefer Containers

Azerbaijan Language : Native Turkish Language : Good

12 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	-

13 Insurance ,Health Related Documentation

Medical Certificate (Fit for Duty)		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)

14 Medical history

modical filetory		
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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16	References (Please give the r	name and address of your current or immediate pa	ast employer)
	Name of company	1_	2 -

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:	08.12.2025
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Signature

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