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|  | | | Photo |
| **Application Form** | | | |
| **Main information** |  | **Desired Type of Ship:** |  |
| **Position:** |  | **Available from:** |  |
| **Desired salary:** |  | **Date of birth:** |  |
|  |  |  |  |
| **Full Name:** |  | **Place of birth:** |  |
| **Citizenship:** |  | **Country of residence:** |  |
| **Phones:** |  | **City/ Address:** |  |
| **E-mail address:** |  | **USA visa valid up:** |  |
| **Skype:** |  | **Schengen visa valid up:** |  |
| **English level:** |  |  |  |

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| **Passports/Smbk** | **#** | **Date of Issue:** | **Place of Issue:** | **Date of Expire:** |
| **Seaman's book:** |  |  |  |  |
| **International passport:** |  |  |  |  |
| **Diplomas** | **#** | **Date of Issue:** | **Place of Issue:** | **Date of Expire:** |
| **Rank:Chif-ENG** |  |  |  |  |
| **Professional license:** |  |  |  |  |
| **Endorsement:** |  |  |  |  |
| **Certificates** | **#** | **Date of Issue:** | **Place of Issue:** | **Date of Expire:** |
| **GMDSS Operator:** |  |  |  |  |
| **GMDSS Endorsement:** |  |  |  |  |
| **Safetasic Trainingy B:** |  |  |  |  |
| **Advanced Fire Fighting:** |  |  |  |  |
| **Medical care:** |  |  |  |  |
| **Medical First aid:** |  |  |  |  |
| **Proficiency in Survival craft:** |  |  |  |  |
| **Security Awareness Training:** |  |  |  |  |
| **Security training for seafarers with designated security duties:** |  |  |  |  |
| **Engine room resource management** |  |  |  |  |
| **Carriage of dangerous and hazardous substances** |  |  |  |  |
| **Ship handling arrangements:** |  |  |  |  |
| **Ship security officer:** |  |  |  |  |
| **Electronic chart display and information systems (ECDIS):** |  |  |  |  |
| **Tanker familiarization:** |  |  |  |  |
| **Oil tank specialized training:** |  |  |  |  |
| **Cmk tank specialized training:** |  |  |  |  |
| **LGtank tank specialized training:** |  |  |  |  |
| **Crude oil washing of oil tankers:** |  |  |  |  |
| **Passenger vessel training:** |  |  |  |  |
| **Bridge team management:** |  |  |  |  |
| **HUET (OPITO approved):** |  |  |  |  |
| **BOSIET (OPITO approved):** |  |  |  |  |
| **Offshore Medical (OPITO approved):** |  |  |  |  |
| **ARAMCO approve:** |  |  |  |  |
| **Crane operator courses:** |  |  |  |  |
| **DP maintenance:** |  |  |  |  |
| **H2S Alive course:** |  |  |  |  |
| **Proficience in survival craft and rescue boat other than fast Rescue Boats course:** |  |  |  |  |
| **DP system maintenance** |  |  |  |  |
| **DP advanced course:** |  |  |  |  |
| **DP Full:** |  |  |  |  |

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| **Medical** | **#** | **Date of Issue:** | **Place of Issue:** | **Date of Expire:** |
| **Medical fitness certificate:** |  |  |  |  |
| **Vccination or Prophylaxis** |  |  |  |  |
| **Yellow fever:** |  |  |  |  |

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| **Flag Documents** | | | | |
| **Country:** | **#** | **Document type:** | **Date of issue:** | **Date of expire:** |
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|  | | **Sea Service (ReverseOrder)** | | | | | | |
| **Position:** |  | | **Name:** | **Type:** | **DWT/GTN** | **ME Type/kW** | **From - Till** | **Employer:** |
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| **Additional info** | | | |
| **Education:** | | **Knowledge of other languages:** | |
| **Specialty:** | | **Lathe machine skills:** | |
| **Second (relative) specialty:** | | **Welding skills:** | |
| **Next of Kin** | | | |
| **Next of kin:** | | **Phone:** | |
| **Name, Surname:** | | **Address:** | |
| **Biometricaldata** | | | |
| **Sex:** | **Height:** | | **Overall size:** |
| **Eyes color:** | **Weight:** | | **Shoe size:** |