English

	SE	AFAREF	R'S APF	PLICATI	ON FORM (Fo	orm no.1 // Rev. 7,	/2017)		
Name in full (First, Middle, Last):				Rank:					
Date & place of birth:				Nationality:				OTO (pls insert color / ood quality photo)	
Marital Single status:	Married	Divorced	Widower	Nearest Airport (City / Country):					
Permanent Address (full style):			Next of kin (surname, name, date of birth):			Children (surname, name, date of birth): 1.			
Tel: Mob:		Relationship: Address:			2.				
e-mail:		Mob: e-mail:			3.				
Hair / eyes (colour):			Height (m): Weight (kg)/ BMI: Sa			Safety shoes size:	;	Safety overall size:	
Education (name & c	ity of education	onal institut	ion, dates of	entry / grad	duation and degree):				
YELLOW FEVER VACCINATION CERTIFICATE:									
Country of issue	Country of issue Number:		Date issued:		Place issued:	Expiry Dat	e:	Remarks	
LICENCE INFORMATION	ON (Certificate	e of Compe	tencv/Profici	encv):					
Country:			Number:		Date issued:	Place issue	ed:	Expiry Date:	
National Licence	National Licence								
Marshall Islands									
OTHER CERTIFICATES Certificate/Endorsemen		SEMENT INF gulation No		er /Type	Date issued:	Place issue	eq.	Expiry Date:	
GMDSS (GOC / ROC)		-IV/2	Trumb	riype Dute issueur				Expiry Dute.	
ARPA / Radar		1, A-II/2							
ECDIS		-I/12							
Bridge / Engine Team		/ A-III							
Ship Security Officer	A-\	VI/6-5							
ISPS	A-\	VI/6-2							
Basic Safety Training	A	-VI/1							
First Aid // Medical care	A-VI/4-1	. // A-VI/4-2							
Survival craft & rescue boats	A-\	VI/2-1							
Advanced Fire Fighting	A	-VI/3							
SEAMAN'S BOOK, S	EAFARER'S ID	& PASSPOI	RT INFORM	ATION:					
Seafarer's ID No:	Place & Da	ate Issued:	Expiry	Date:	Travel Passport No:	Place & Date Is	ssued:	Expiry Date:	
Marshall Islands Seaman's Book No:	Place & Da	ate Issued:	Expiry	Date:	National Seaman's Book No:	Place & Date Is	ssued:	Expiry Date:	
VISA INFORMATION:									
511111151111111111111111111111111111111									
	Vis	sa:	Туј	oe:	Valid Until:		Rem	arks:	
USA visa	Vis	sa:	Тур	oe:	Valid Until:		Rem	arks:	
USA visa Schengen LANGUAGE INFORMA		sa:	Туј	oe:	Valid Until:		Rem	arks:	

RECORDS OF PREVIOUS SEA SERVICE (for previous 7 years)											
Vessel's Name / year of build	Flag	IMO Number	DWT / Type and Model of M.E., kW	Vessel's Type / Deck Cranes	Rank	From (date-month- year)	To (date-month- year)	Months	Company (Shipowner /Technical Manager/ Crewing Agency)		
REMARKS (Availability for	or service;	Dry Dock experie	ence; other language	s; mix crew expe	rience; other, e	tc.):					
Signature of Seaf	Date:										

References:

Company (Crewing or Shipowner) / Contact person (Superintendent, Manager, Captain, Chief Engineer or other person/ Telephone number):

С автоматической обработкой моих персональных данных, указанных в анкете, включая их передачу третьим лицам на территории РФ и за ее пределами, их хранением в целях трудоустройства, в соответствии с Законом СОГЛАСЕН.

Подтверждаю, что мои персональные данные, указанные в анкете, являются общедоступными.

I hereby give my consent to automatic processing of the information contained herein, including its transfer to third parties in the territory of the Russian Federation and abroad, as well as its storage for the purposes of employment assistance, in accordance with the Law.

I hereby confirm that my personal details contained herein are for public use.

Signature of Seafarer (подпись Моряка):

Date (дата):

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