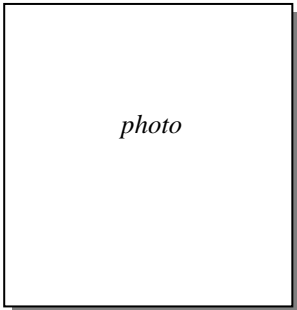




"UKRAINA" MARITIME AGENCY

1, Preobrazhenskaya Str., office 7,
 Odessa, 65082, Ukraine.
 Tel : +38-0482-378578, 321191, 332677
 Tel : +38-0487-289400, 136670
 Fax : +38-0482-345332



APPLICATION FORM (R)

A1 Position	A2 Second choice
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B1	Full Name (Surname, First Name, Middle Name):				
B2	Date and country of birth:				
B3	Home address:				
	E-mail:				
B4	Phones:				
B5	English language knowledge:	excellent <input type="checkbox"/>	good <input type="checkbox"/>	satisfactory <input type="checkbox"/>	poor <input type="checkbox"/>
	Australian visa: Exp.		US visa: Exp.		

Records of Service for last 7 years

Ship's name Year of built	Type DWT	Main Engine Type Modification	Power BHP KWT	Country (Flag)	Owner/Manager Crew Agent	Position	Period from (d/m/y) till (d/m/y)
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							

Contact details of previous Employers

Name of Ship	Crewing Agency / Shipowner	Tel. numbers / Address	Person in charge

Wage (min) _____

C1	Marital status	C2	Children under the age of 18 -
C3	Next of kin		

D1	Color of hair:	Color of eyes:		
D2	Height:	Weight:	Boiler suite size:	Safety shoes size:

E1	National Passport #	Issued		
	By			
E2	Identification Code #			
E3	Tourist Passport #	Issd	exp	
E4	Seaman's Passport AB #	Issd	exp	
E5	Other Countries Seaman's Book :			
	Country #	Issd	exp	
E6	Education (educational institution name):			
	Period			
	from (d/m/y) till (d/m/y):			

Certificates				
F1	Competency : Grade	#	Issd	exp
	Endorsement	#	Issd	exp
F2	STCW'78/95 – A-VI/1	#	Issd	
	(personal survival, fire prevention, elementary first aid & social responsibilities)			
F3	Proficiency in survival craft & Rescue Boats	#	Issd	exp
F4	Advanced fire fighting	#	Issd	exp
F5	Ship's medical care	#	Issd	exp
F6	Others:			

G1	Medical examination and vaccination		
Yellow Fever:			issue date
Last medical examination:			issue date

Remarks:

Seafarer's Signature
Date