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| **Company Forms** | **seapro-1.jpg** | **Approved by:**  **General Manager** |

***Seafarer’s Application Form:***

**Photo**

***“SEAPOINT MARINE SERVICE” LLC*  
73 PARNAVAZ MEPHE STREET   
BATUMI, 6000, GEORGIA   
TEL: +995 422 27 00 77   
E-MAIL:** [**crew@seapoint.ge**](mailto:crew@seapoint.ge) **WEB-SITE:** [**www.seapoint.ge**](http://www.seapoint.ge)

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| **1. PERSONAL INFORMATION** | | | | | | | | | | | | | | |
| **LAST NAME:** | | |  | | | | **FIRST NAME:** | | | | |  | | |
| **DATE OF BIRTH:** | | |  | | | | **PLACE OF BIRTH:** | | | | |  | | |
| **NATIONALITY:** | | |  | | | | **SEX:** | | | | | **M F** | | |
| **MARITAL STATUS:** | | |  | | | | **HEIGHT/WEIGHT:** | | | | |  | | |
| **MOTHER/FATHER NAME:** | | |  | | | | **NEAREST AIRPORT:** | | | | |  | | |
| **2. ADDRESS & CONTACT INFORMATION** | | | | | | | | | | | | | | |
| **STREET:** | | |  | | | | **PHONE/MOBILE** | | | | |  | | |
| **CITY/COUNTRY** | | |  | | | | **E-MAIL:** | | | | |  | | |
| **NEXT OF KIN NAME:** | | |  | | | | **NEXT OF KIN CONTACT:** | | | | |  | | |
| **3. POSITION & AVAILABILITY** | | | | | | | | | | | | | | |
| **REQUESTED POSITION:** | | |  | | | |  | | | | |  | | |
| **AVAILABILITY DATE:** | | |  | | | |  | | | | |  | | |
| **MINIMUM SALARY:** | | |  | | | |  | | | | |  | | |
| **4. TRAVEL DOCUMENTS AND MEDICAL CERTIFICATES** | | | | | | | | | | | | | | |
| **DOCUMENT NAME:** | | | **DOC. NUMBER:** | | **COUNTRY:** | | | | **ISSUE PLACE:** | | | **ISSUED:** | | **EXPIRE:** |
| **PASSPORT** | | |  | |  | | | |  | | |  | |  |
| **SEAMENS BOOK** | | |  | |  | | | |  | | |  | |  |
| **USA VISA** | | |  | |  | | | |  | | |  | |  |
| **DRUG-ALCOHOL TEST** | | |  | |  | | | |  | | |  | |  |
| **MEDICAL EXAMINATION** | | |  | |  | | | |  | | |  | |  |
| **YELLOW FEVER** | | |  | |  | | | |  | | |  | |  |
| **5. QUALIFICATION SERTIFICATES** | | | | | | | | | | | | | | |
| **DOCUMENT NAME:** | | | **DOC.NUMBER:** | | **COUNTRY:** | | | | **ISSUE PLACE:** | | | **ISSUED:** | | **EXPIRE:** |
| **CERTIFICATE OF COMPETENCY** | | |  | |  | | | |  | | |  | |  |
| **GMDSS** | | |  | |  | | | |  | | |  | |  |
| **BASIC SAFETY TRAINING** | | |  | |  | | | |  | | |  | |  |
| **ADVANCE FIRE FIGHTING** | | |  | |  | | | |  | | |  | |  |
| **PROF SURVIVAL CRAFT** | | |  | |  | | | |  | | |  | |  |
| **MED 1ST AID/MED CARE** | | |  | |  | | | |  | | |  | |  |
| **TANKER ADVANCED** | | |  | |  | | | |  | | |  | |  |
| **CHEMICAL TANKER** | | |  | |  | | | |  | | |  | |  |
| **RADAR/ARPA** | | |  | |  | | | |  | | |  | |  |
| **ECDIS** | | |  | |  | | | |  | | |  | |  |
| **SSO** | | |  | |  | | | |  | | |  | |  |
| **ERM/BTM** | | |  | |  | | | |  | | |  | |  |
| **LEADERSHIP** | | |  | |  | | | |  | | |  | |  |
| **6. SEA SERVICE RECORDS** | | | | | | | | | | | | | | |
| **VESSEL:** | FLAG: | TYPE/DWT: | | **ENG/HP:** | | RANK: | | | | **S/ON:** | S/OFF: | | OWNERS: | |
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| **7. PREVIOUS REFERENCE** | | | | | | | | | | | | | | |
| **OWNERS NAME:** | |  | | | | | | **CONTACT:** | | |  | | | |