

Blu-ray Disc Rewritable Version 2 License Application form (Confidential)

Date : _____

1. Contact Person Information

Full Name	
Title	
Division	
Telephone	
Fax	
E-mail address	

2. Company Information

Official Company Name	
Address (Including country)	
Registered Address of Headquarters (Including country)	
Business Category relating to BD-RE Version 2 *Check the applicable category	<input type="checkbox"/> BD-RE Media <input type="checkbox"/> BD-RE Recorder/Player <input type="checkbox"/> BD-RE PC Drive <input type="checkbox"/> BD-RE Player/Recorder Application Software <input type="checkbox"/> BD-RE Component <input type="checkbox"/> BD-RE Manufacturing Equipment/ BD-RE Testers
BD-RE Ver2 Information Agreement	Have you obtained BD-RE Ver2 Information Agreement? <input type="checkbox"/> Yes (Contract Date: _____) *Check all that applies: <input type="checkbox"/> Part1 <input type="checkbox"/> Part2 <input type="checkbox"/> Part3 <input type="checkbox"/> No
Are you a Licensee of FLLA BD-RE Version 2 in other business category?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company profile or web site (URL)	

Your application will not be processed until you provide all the required information on this form.

Send this application form to Blu-ray Disc Association by facsimile or e-mail.

Fax: +1-818-557-1674

E-mail: agent@blu-raydisc.info

*After reviewing this form for completeness and accuracy, we will send a confirmation by email to the contact person.