

**Blu-ray Disc Recordable Version 1 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-R Version 1 *Check the applicable category	<input type="checkbox"/> BD-R Media <input type="checkbox"/> BD-R Recorder/Player <input type="checkbox"/> BD-R PC Drive <input type="checkbox"/> BD-R Player/Recorder Application Software <input type="checkbox"/> BD-R Component <input type="checkbox"/> BD-R Manufacturing Equipment/ BD-R Testers
BD-R Ver1 Information Agreement	Have you obtained BD-R Ver1 (Part1,2), and/or BD-RE Ver2 (Part3), under 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-R Version 1 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](mailto:agent@blu-raydisc.info)**

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

**Blu-ray Disc Association**  
**E-mail: [agent@blu-raydisc.info](mailto:agent@blu-raydisc.info)**