



BD-Live Logo License And Online Certificate Issuance Agreement
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-ROM Version 2 FLLA *Check the category you are licensed	<input type="checkbox"/> BD-ROM Movie Player • BD-ROM Game Console • BD-ROM Test Player <input type="checkbox"/> BD-ROM PC Application Software
Content Provider	<input type="checkbox"/> Licensed for its BD-ROM Commercial Audiovisual Content

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.