

**Blu-ray Disc Rewritable Version 4 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 4 *Check the applicable category	<input type="checkbox"/> BD-RE Media <input type="checkbox"/> BD-RE Recorder/Player <input type="checkbox"/> BD-RE Professional Device <input type="checkbox"/> BD-RE PC Drive <input type="checkbox"/> BD-RE Playback/Recording Application Software <input type="checkbox"/> BD-RE Component <input type="checkbox"/> BD-RE Manufacturing Equipment/BD-RE Testers
BD-RE Ver4 Information Agreement	Are you obtained BD-RE Ver3 (Part1,2), BD-RE Ver2 (Part 3), and/or BD-RE Ver4(Part 3) 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 Ver2 <input type="checkbox"/> Part3 Ver4 <input type="checkbox"/> No
Are you a Licensee of FLLA BD-RE Version 4 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: +1-818-763-9027**

**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.