
Blu-ray Disc Format and Logo License

Content Participant Agreement Version 4.0 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)	
Company profile or web site (URL)	

This application form must be completed or the processing of your license will not be approved.

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, Blu-ray Disc Association will send a receipt mail to a contact person written above.