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**Blu-ray Disc Read Only Format and Logo License Content Participant Agreement –Light Version 2.0 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](mailto: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.