

**Blu-ray Disc AVCREC 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 AVCREC Version 1 *Check the applicable category	<input type="checkbox"/> AVCREC Recorder Player <input type="checkbox"/> AVCREC Playback/Recording Application Software <input type="checkbox"/> AVCREC Component <input type="checkbox"/> AVCREC Testers
AVCREC Ver1 Information Agreement	Have you obtained AVCREC Ver1 (Part 1,2,and/or 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 <input type="checkbox"/> No
Are you a Licensee of AVCREC 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.