

**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](mailto:agent@blu-raydisc.info)**

\*After reviewing this form for completeness and accuracy, we will send a confirmation by email to the contact person.