
CMP Export License Application form

Date : _____

1. Contact Person Information

Full Name	
Title	
Division	
Company Address (Including country and Postal Code)	
Telephone	
Fax	
E-mail address	

2. Company Information

Official Company Name	
Registered Address of Headquarters (Including country and Postal Code)	
Selection of Type *Check the applicable category	<input type="checkbox"/> Blu-ray Disc CMP Export Promoter: A party who would like to use CMP Export Specifications [Blu-ray Disc Portions] <input type="checkbox"/> Ultra HD Blu-ray Disc CMP Export Promoter: A party who would like to use CMP Export Specifications [Ultra HD Blu-ray Disc Portions]
Company profile or web site (URL)	

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