
CMP Export 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)	
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)	

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

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