

**Blu-ray Disc AVCREC Version 1 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)	
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 Did you obtain AVCREC R Ver1 (Part2), AVCREC RE Ver1 (Part2), AVREC Ver1(Part3), BD-RE Ver2(Part2), BD-R Ver1(Part2), or BD-RE Ver2(Part3) under your current Specification Information Agreement?	<input type="checkbox"/> Yes If Yes, Agreement date: _____ Applicable Part: <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)	

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**