

Blu-ray Disc Recordable Version 2 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 BD-R Version 2 *Check the applicable category	<input type="checkbox"/> BD-R Archiver/Recorder/Player <input type="checkbox"/> BD-R Authoring/Player/Recorder Application Software <input type="checkbox"/> BD-R Component <input type="checkbox"/> BD-R Testers <input type="checkbox"/> BD-R Video Camera
BD-R Ver2 Information Agreement Did you obtain BD-R Ver1 (Part1), BD-R Ver1 (Part 2), BD-RE Ver3 (Part 3) and/or BD-ROM 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 FLLA BD-R Version 2 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