

Date : ____



Blu-ray Disc Rewritable Version 2 License Application form

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)	
	□ BD-RE Media
Business Category relating to BD-RE Version 2 *Check the applicable category	☐ BD-RE Recorder/Player
	☐ BD-RE PC Drive
	☐ BD-RE Player/Recorder Application Software
	☐ BD-RE Component
	☐ BD-RE Manufacturing Equipment/ BD-RE Testers
BD-RE Ver2 Information Agreement	☐ Yes
Did you obtain BD-RE Ver2 (Part1),	If Yes, Agreement date:
BD-RE Ver2 (Part 2), and/or BD-RE	Applicable Part: ☐ Part1 ☐ Part2 ☐ Part3
Ver2 (Part 3) under your current	
Specification Information Agreement?	□ No
Are you a Licensee of FLLA BD-RE	☐ Yes
Version 2 in other business category?	□ 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