

Blu-ray Disc Rewritable Version 5 License Application

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)	
	□ BD-RE Media
	BD-RE Recorder/Player
Business Category	BD-RE Professional Device
Relating to BD-RE Version 5	BD-RE PC Drive
*Check the applicable category	BD-RE Playback/Recording Application Software
	BD-RE Component
	BD-RE Manufacturing Equipment/BD-RE Testers
BD-RE Ver5 Information Agreement:	□ Yes
Did you obtain BD-RE Ver2 (Part1),	If Yes, Agreement date:
BD-RE Ver3 (Part1), BD-RE Ver4	Applicable Part: Part1 Part2 Part3
(Part 2), and/or BD-RE Ver5 (Part 3)	
under your current Specification	□ No
Information Agreement?	
Are you a Licensee of FLLA BD-RE	□ Yes
Version 5 in other business category?	□ No
Company profile or website (URL)	

Send this Application to the Blu-ray Disc Association by facsimile or e-mail: Fax: +1-818-557-1674 or E-mail: <u>agent@blu-raydisc.info</u>