



SPONSORSHIP AGREEMENT

Facilities that sponsor one or more employment/staffing agencies must complete a separate form for each staffing agency. The purpose of this form is to verify authorized sponsorship between a licensed/certified facility and a staffing agency. Authorization allows the staffing agency to submit applicant background checks, through the Background Check Program (BCP), for employment placement in a specified facility. **The form must be submitted by the licensed/certified facility.**

Name of Licensed/Certified Facility: _____

Primary Point of Contact Name, Title _____

Date of Agreement: _____ Phone: _____

Name of Sponsored Agency: _____

Type of Agency: Staffing Agency Student/Training Other Please describe: _____

Primary Point of Contact Name, Title: _____ Date: _____

Sponsored Agency Mailing Address: _____

City, State, Zip: _____

Sponsored Agency Primary Point of Contact Email Address: _____

Sponsored Agency Primary Point of Contact Phone Number: _____

For BCP Use Only:

Approved

Denied

Reason: _____

Designated BCP Staff Name and Signature _____ Date _____

Licensed/Certified Facilities should return completed form to the BCP at:

**Background Check Program
4601 Business Park Blvd., Bldg. K
Anchorage, AK 99503**

OR

BCUnit@alaska.gov