

KAW NATION TAX COMMISSION

APPLICATION FOR TAG

MAILING FEE: \$10.00

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

TAG WILL BE DISPLAYED ON THE VEHICLE LISTED BELOW:

YEAR _____ MAKE _____ MODEL _____

COLOR _____ VIN # _____

Type of tag requested: Auto Farm Veteran Recreational
 Motorcycle Active Military

ANY FALSE STATEMENT IN THIS APPLICATION SUBJECTS THE APPLICANT TO SUCH PENALTY AS PROVIDED BY LAW

I the undersigned hereby make application for registration of the vehicle described above and do solemnly swear (or affirm) that I am the owner or the legal agent of the owner of this vehicle and that the statements contained herein are true and that the vehicle described herein complies with the Motor Vehicle Registration and Taxation Laws of the Kaw Nation. I swear or affirm that I am a Kaw Nation Tribal Citizen a resident of Oklahoma and principally garage this vehicle within the State of Oklahoma.

Owner or Legal Agent _____ Date: _____

Kaw Nation Tax Commission: _____

This application, your title, Kaw CDIB Card, Drivers License or current utility bill in members name, proof of insurance and current registration must be surrendered to the Kaw Nation Tag Office when applying for a new registration.

Tag office use only:

___ Title

___ Insurance Verification

___ Kaw Membership (CDIB)

___ Driver's License or Members Current Utility Bill

___ Current Registration or Tag _____

Tag number assigned _____

Decal number assigned _____

Decal Date _____