



KAW NATION TAX COMMISSION

ROLL # _____

P.O. Box 50

Kaw City, OK 74641

kawtagoffice@kawnation.com

APPLICATION FOR NEW TAG

MAILING FEES: PER PLATE/TITLE WITHOUT LIEN: \$12 – WITH LIEN: \$15

NAME: _____

ADDRESS: _____

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

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

TAG WILL BE DISPLAYED ON VEHICLE LISTED BELOW:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN: _____

AUTO STATUS: New Used Family Transfer – Relationship _____

TYPE OF AUTO: Auto Rebuilt Farm Motorcycle Recreational

TYPE OF TAG: Veteran Active Military

ANY FALSE STATEMENT IN THIS APPLICATION SUBJECTS 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 of 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 Regulation 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.

This application, your title, Kaw CDIB Card, Driver's 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.

Owner or Legal Agent: _____ Date: _____

Kaw Nation Tag Clerk: _____

Make Checks Payable to: Kaw Nation Tax Commission

IF PAYING BY CREDIT CARD OVER PHONE YOU ARE GIVING AUTHORIZATION TO ENTER MANUALLY FOR REGISTRATION AND ANY OTHER FEES THAT MAY APPLY

Tag office use only:

_____ Title Tag Number Assigned _____

_____ Insurance Verification Decal Number Assigned _____

_____ Kaw Membership (CDIB)

_____ Driver's License or Members Current Utility Bill

_____ Current Registration or Tag _____ Decal Date _____