

## KAW NATION TAX COMMISSION

P.O. Box 50 – 698 Grandview Dr Kaw City, OK 74641

kawtagoffice@kawnation.gov

## **APPLICATION FOR DUPLICATE TITLE**

TITLE FEE: \$10

MAILING FEE: REGULAR MAIL \$6 - WITH TRACKING \$12

ADDRESS:  CITY:STATE:ZIP:COUNTY:	NAME:			
PHONE #:				
I/We declare that the title on the below listed vehicle was:    lost	CITY:	STATE:	ZIP:	COUNTY:
Iost	PHONE #:		EMAIL:	
VIN#:  TAG #:	•		v listed vehicle wa	as:
I/We affix our signature(s) below in attestation of the promises and agreements described above, and hereby apply for a duplicated motor vehicle title.  ANY FALSE STATEMENT IN THIS AFFIDAVIT SUBJECTS APPLICANT TO SUCH PENALTY AS PROVIDED BY LAW.  I understand that in order to be exempt from the requirement to purchase an Oklahoma tag, I must reside within the Kaw Nation's Indian Country which includes the following: Kaw Reservation and Kaw Nation Trust Land. I swear (or affirm) that I am a Kaw Nation Tribal Citizen a resident of Oklahoma and principally garage this vehicle within the Kaw Nation's Indian Country. I understand and acknowledge that I am personally responsible for ensuring compliance with all applicable laws of the State of Oklahoma and of the Kaw Nation.  Owner or Legal Agent:  DATE:  Was Nation Tag Agent:  *Signatures may be completed manually or electronically*  By signing this form electronically, I agree that my signature is the legal equivalent of my manual signature  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	YEAR:	MAKE:		MODEL:
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Tag office use only:	IF PAYING BY CRED	OIT CARD OVER PHONE	YOU ARE GIVING AU	JTHORIZATION TO ENTER MANUALLY FOR
Valid OK ID	·			