



KAW NATION TAX COMMISSION

ROLL # _____

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

NAME: _____

ADDRESS: _____

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

PHONE #: _____ EMAIL: _____

I/We declare that the title on the below listed vehicle was:

lost stolen destroyed

YEAR: _____ MAKE: _____ MODEL: _____

VIN#: _____

TAG #: _____ DECAL #: _____

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: _____

Owner or Legal Agent: _____ DATE: _____

Kaw 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

Tag office use only:

_____ **Valid OK ID**