

KAW NATION TAX COMMISSION

ROLL#

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

kawtagoffice@kawnation.gov

APPLICATION FOR PERSONAL TAG

PERSONAL TAG FEE: \$15 MAILING FEE: \$12

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
HOME PHONE:		CELL PHONE:	
EMAIL:			
•		E NO MORE THAN SEVEN CHA WILL COUNT AS ONE (1) CHA	RACTERS. THE KAW NATION OR RACTER.
TAG CHOICE:			
TAG WILL BE DISPLAYE	D ON VEHICLE LISTE	D BELOW:	
YEAR:	MAKE:	MODEL:	TAG:
TYPE OF AUTO: ☐ Auto		otorcycle (6 characters ONLY)	□ Recreational
Indian Country which include Tribal Citizen a resident of O	es the following: Kaw Res klahoma and principally	servation and Kaw Nation Trust Land garage this vehicle within the Kaw N	tag, I must reside within the Kaw Nation's d. I swear (or affirm) that I am a Kaw Nation lation's Indian Country. I understand and e laws of the State of Oklahoma and of the
Owner or Legal Agent: _		Date:	
Kaw Nation Tag Agent:			
By signing this form		be completed manually or elect that my signature is the legal ed	ronically* quivalent of my manual signature.
IF PAYING BY CRE	DIT CARD OVER PHON	Payable to: Kaw Nation Tax Comi NE YOU ARE GIVING AUTHORIZA D ANY OTHER FEES THAT MAY AI	TION TO ENTER MANUALLY FOR
DUE TO MANU	FACTURER PLEAS	SE ALLOW A MINIMUM O	F 12 WEEKS FOR DELIVERY
Tag office use only:			
Mail tag to applicant: _		Mailing fee paid:	
Applicant will pick up t	ag:		12/1/202