

KAW NATION TAX COMMISSION

P.O. Box 50 – 698 Grandview Dr Kaw City, OK 74641 kawtagoffice@kawnation.gov

APPLICATION FOR RENEWAL

MAILING FEES: PER DECAL: \$6.00

NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:	COUNTY:	
IS THIS A DIFFERENT	ADDRESS THAN ON	FILE: DYES	□ NO	
PHONE:	EMAIL:			
	VEHI	CLE INFORMATION:		
YEAR:	MAKE:		MODEL:	
COLOR:	VIN:			
TYPE OF AUTO: 🗆 Auto	□ Motorcycle □			

Late Fee Starts on the 31st Day Rate is \$.25 per day.

This application, Valid OK ID or current utility bill in members name, proof of insurance.

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: _____

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:						
Date Received	Ву	Decal #	Receipt #			
Insurance Hard Copy (HC) Online Verification (OV)						
Valid OK ID Member	rs Current Utility Bi	II				

ROLL #