



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: _____

PHONE: _____ EMAIL: _____

THE REQUESTED PERSONAL TAG MAY HAVE NO MORE THAN SEVEN CHARACTERS. THE KAW NATION OR ANY OTHER LOGO (NAVY, ARMY, MARINE) WILL COUNT AS ONE (1) CHARACTER.

TAG CHOICE: _____

TAG WILL BE DISPLAYED ON VEHICLE LISTED BELOW:

YEAR: _____ MAKE: _____ MODEL: _____ CURRENT TAG #: _____

TYPE OF AUTO: Auto Farm Recreational Motorcycle (6 characters **ONLY**)

TYPE OF TAG: Standard Veteran Active Military

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: _____

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

DUE TO THE MANUFACTURER PLEASE ALLOW A MINIMUM OF 12 WEEKS FOR DELIVERY

Tag office use only:

Kaw Nation Tag Agent: _____

Mail tag to applicant: _____

Applicant will pick up tag: _____

Mailing fee paid: _____

Personal Tag Decal # _____