# KAW NATION TAX COMMISSION

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

ROLL # _____

## APPLICATION FOR NEW TAG

**MAILING FEES: PER PLATE/TITLE WITHOUT LIEN: $12 – WITH LIEN: $15**

TRIBAL CITIZENS NAME: _____

PHYSICAL ADDRESS: _____

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

MAILING ADDRESS: _____

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

PHONE: _____ EMAIL: _____

**TAG WILL BE DISPLAYED ON VEHICLE LISTED BELOW:**

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN: _____

## CHECK ALL THAT APPLY

AUTO STATUS: ☐ New ☐ Used ☐ Rebuilt ☐ Family Transfer – Relationship _____

TYPE OF AUTO: ☐ Auto ☐ Motorcycle ☐ Recreational

TYPE OF TAG: ☐ Standard ☐ Farm ☐ Veteran ☐ Active Military

**ANY FALSE STATEMENT IN THIS APPLICATION 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.

**Late Fee Starts on the 61st Day Rate is $.25 per day.**

**This application, your title, Kaw CDIB Card, Driver's License or current utility bill in members name, proof of insurance and current registration must be surrendered to the Kaw Nation Tag Office when applying for a new registration.**

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**

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**Tag office use only:**

**Kaw Nation Tag Agent: _____**

**_____ Title**
**_____ Insurance Hard Copy (HC) _____ Online Verification (OV) _____ Not Applicable (NA)**
**_____ Kaw Membership (CDIB) (HC) _____ On File**
**_____ Valid OK ID _____ Members Current Utility Bill**
**Tag Number Assigned_____**
**_____ Current Registration _____ Dealer _____ Decal Date**
**Decal Number Assigned_____**