



KAW NATION TAX COMMISSION

ROLL # _____

P.O. Box 50 – 698 Grandview Dr

Kaw City, OK 74641

kawtagoffice@kawnation.gov

VETERAN/ACTIVE MILITARY TAX EXEMPTION

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: _____

AUTO STATUS: ☐ New TYPE OF AUTO: ☐ Auto ☐ Motorcycle ☐ RecreationalTYPE OF TAG: ☐ Veteran ☐ Active Military

Notification is hereby given that the undersigned owner(s) understand that taxes have been waived on the above vehicle. That tax can be waived for 1 vehicle ONLY every 3 years.

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.

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.

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

DD 214 Form on File ____ YES ____ NO

____ Valid OK ID ____ Members Current Utility Bill

Current Military ID ____ YES ____ NO

____ Current Registration ____ Dealer ____ Decal Date

Current Orders ____ YES ____ NO

Tag Number Assigned _____

Decal Number Assigned _____

Date of Next Tax Exemption _____