



# KAW NATION TAX COMMISSION

ROLL # \_\_\_\_\_

P.O. Box 50 – 698 Grandview Dr

Kaw City, OK 74641

[kawtagoffice@kawnation.gov](mailto: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:     YES     NO

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IS THIS A DIFFERENT ADDRESS THAN ON FILE:     YES     NO

### VEHICLE INFORMATION:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ VIN: \_\_\_\_\_

TYPE OF AUTO:     Auto     Motorcycle     Recreational

Late Fee Starts on the 31<sup>st</sup> 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 \_\_\_\_\_ By \_\_\_\_\_ Decal # \_\_\_\_\_ Receipt # \_\_\_\_\_

Insurance Hard Copy (HC) \_\_\_\_\_ Online Verification (OV) \_\_\_\_\_ Not Applicable (NA) \_\_\_\_\_

Valid OK ID \_\_\_\_\_ Members Current Utility Bill \_\_\_\_\_