



KAW NATION TAX COMMISSION

ROLL # _____

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: YES NO

PHONE: _____ EMAIL: _____

VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN: _____

TYPE OF AUTO: Auto Motorcycle Recreational

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 _____ By _____ Decal # _____ Receipt # _____

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

Valid OK ID _____ Members Current Utility Bill _____