



Kiowa Tribe

P.O. Box 157 · Carnegie, Oklahoma · 73015

Phone: (580) 654-2300 Ext. 325 · Fax: (580) 654-2755

ELECTION COMMISSION

The following items must be turned in with your “Candidates Package”

Proof of Tribal enrollment

Proof of High School education or equivalent

Proof of Bachelor Degree from an accredited college or university (Chairman and Vice-Chairman only)

Proof of residency (Driver’s License, Utility Bill or similar document)

Petition signed by 50 registered voters within the candidate’s district in which they are applying for (not required for “First Election” 2017/2018)

\$150 non-refundable filing fee (Cashier’s Check or Money Order only, NO CHECKS ACCEPTED)

Each candidate will be subject to a criminal background check

Statement from the Kiowa Tribe Finance department confirming no monies are owed to the tribe by the applicant

Current photo ID to be placed in the applicants file and placed on ballot

Note: Candidates who are applying for Chairman and Vice Chairman must reside in Districts 1-6

By signing below, said applicant agrees that all information submitted is true and any false or misleading information shall result in the candidate from being immediately removed from consideration of the applied position and possibly face criminal charges.

Print Name

Contact Number

Signature

Date

Candidate Position

Email Address



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ELECTION COMMISSION

Date: _____

Name: _____
(How name should appear on ballot)

Address: _____

Finding/911 Address: _____

Date of Birth: _____ Roll No. _____

Place of Employment: _____

Education History: _____

High School: _____

College/University: _____

Position Filing For: _____

Signature: _____

Date: _____



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ELECTION COMMISSION

Date: _____

TO: Kiowa Finance Department

RE: Confidential Inquiry

I, _____, _____, _____, am
Name Roll No. DOB

applying as a candidate to run for office with the Kiowa Election Commission. This signed statement is required to confirm that I have no outstanding debt owed to the tribe in excess of two years.

The above tribal member has no outstanding debt to the Kiowa Tribe.

Signed: _____
Kiowa Finance Department

Date: _____

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request
6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

Name Based - \$15.00

Sex Offender - \$2.00

Mary Rippy Violent Offender - \$2.00

State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:
 Fax Mail In Person
REQUESTS WILL BE RETURNED IN THE MANNER RECEIVED.

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:
 () _____

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____
Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ E-MAIL ADDRESS _____
Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)
Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____
 LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.