



**Kiowa Tax Commission**

P.O. Box 369, Carnegie, OK 73015

PHONE 405-901-9271 Email: tag@kiowatribe.org

**APPLICATION FOR DUPLICATE CERTIFICATION OF TITLE FOR VEHICLE**

**\$10 Duplicate fee, make checks payable to Kiowa Tax Commission**

**COMPLETE ALL VEHICLE INFORMATION**

Title Number \_\_\_\_\_ Tag Number \_\_\_\_\_

Decal Number \_\_\_\_\_ Expiration Month/Year \_\_\_\_\_

VIN \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Owner(s) name listed on title \_\_\_\_\_

Name and address to mail duplicate title to \_\_\_\_\_

Reason for requiring this duplicate title \_\_\_\_\_

I, the undersigned lawful owner or authorized person (Power of Attorney) of the above described vehicle, hereby make application for a duplicate Certificate of Title with full knowledge that any false statement may subject me to prosecution.

Person requesting duplicate title

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_ §

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_, \_\_\_\_\_, Notary Public

The **record owner(s)** must sign the form and their signature(s) **notarized by a Notary Public.**

If you have power of attorney to sign on the owner's behalf, the **Actual Notarized Power of Attorney**, or a **Certified Copy of the Power of Attorney**, must also be submitted.