Osage Nation Tax Commission

Application for Replacement Plate

VEHICLE SECTION				
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER

OWNER SECTION

_____

Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name

_____

Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name

Residence Address (Individual) Business Address (Firm)

City and State Zip Code

Mail Address (If different from above)

Plate # being replaced _____

ONPD Case #____-_____

(if required)

REASON FOR REPLACEMENT PLATE

Check applicable box below

If the registration plate has be destroyed, the plate must be returned with this application. If the plate has been lost or stolen you will be required to provide a police report with this application.

☐ Lost ☐ Stolen ☐ Destroyed

I, the owner(s) of the vehicle described on this application, do hereby certify that the registration plate, as identified in this application has/have not been taken by a Law Enforcement Officer and that I am entitled to a replacement of same. I further certify there has been no registration plate revocation and I have, as of this date, financial responsibility as required by law covering the vehicle as described.

Signature of owner(s)_____

State of_____ County of_____

Subscribed and sworn to (or affirmed) before me on this _____day of _____ 20_____.

Notary Public: _____ Commission Expiration: _____ Affix Seal Here