

Wichita Tax Commission

Wichita and Affiliated Tribes

Gary McAdams, Chairman
Sandra Wilson, Secretary
Roger Bruce Birch, Member
Katherine Cunningham, Member
Gladys Walker, Member



P.O. Box 547
Anadarko, OK 73005
Tax Administrator: 405.247.8643
Tag Office: 405.247.8668
Fax: 405.247.8672

Verna Wetselline, Tax Administrator
Leah Kaulaity, Administrative Assistant
E'Vonne Zumwalt, Tag Agent

Website: www.wichitatribe.com
Title Fee: \$10.00
Certified Mail Fee: \$8.00
Checks/Money Orders to be made payable to the
Wichita Tax Commission

APPLICATION FOR REPLACEMENT CERTIFICATE OF TITLE FOR VEHICLE/MOTORCYCLE

Model Year and Make: _____ Title Number: _____
Vehicle (VIN) Identification Number: _____
Tag Number: _____ Decal Number: _____
Expiration (month/year): _____

(NOTE: CURRENT WICHITA AND AFFILIATED TRIBES REGISTRATION IS REQUIRED)

If Vehicle Owner is No Longer an OK Resident, List Current State of Residency: _____

Vehicle Owner's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
(Title will be mailed to above address)

I, the undersigned lawful owner of the above described vehicle, hereby state that my certificate of the title has been misplaced or destroyed, resulting in this application for a replacement certificate of title. I acknowledge that this replacement title will render invalid all earlier title certificated to this vehicle. I understand that any false statement on this application may subject me to prosecution.

Vehicle Owner's Driver license Number: _____ State: _____

Signature of Vehicle Owner: _____

State of: _____, County of: _____
Subscribed and sworn to before me this _____ day of, _____, _____.
My Commission Expires: _____

(Notary Public)

Submit or Mail your completed Application and Remittance to:
WICHITA TAX COMMISSION, PO BOX 547, ANADARKO, OK 73005