



CITIZEN POTAWATOMI NATION TAG AGENCY
1601 S. GORDON COOPER DR., SHAWNEE, OK 74801
PHONE 405-273-1009 FAX 405-273-2043

APPLICATION FOR DUPLICATE CERTIFICATION OF TITLE FOR VEHICLE

\$25 Duplicate fee, make checks payable to CPN 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.