



### Personalized Tag Application

Date:	# of pages:
To: Sales	From:
Co/Dept: OCI	Co: BCR
Phone: 405-425-7500	Phone: 405-382-8617
Fax: 405-425-2838	Fax: 405-382-8611

SEMINOLE NATION OF OKLAHOMA  
 BUSINESS & CORPORATE REGULATORY COMMISSION  
 P.O. BOX 1768  
 SEMINOLE, OK 74818

#### **Applicant Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_


Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Current Tag #: \_\_\_\_\_ Year: \_\_\_\_\_

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

#### **Please mark your tag choice:**

\_\_\_\_\_ 6 or less with turtle on left side:  \_\_\_\_\_

\_\_\_\_\_ 3 or less on each side with turtle in the middle: \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_ 7 or less with NO turtle: \_\_\_\_\_

Personalized tag fee is **\$35.00**, please add **\$3.00** if you want it mailed to you. Please make check or money order payable to: **S.N. REVENUE ACCOUNT**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
PROCESSED BY: _____	DATE: _____
MAIL TAG TO CUSTOMER: <b>YES OR NO</b>	
OTHER: _____	