



SEMINOLE NATION OF OKLAHOMA
BUSINESS & CORPORATE REGULATORY COMMISSION

Veteran's Tag Application

Applicant Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Current Tag #: _____ Year: _____

Make: _____ Model: _____

Does your tag expire soon, if so, when? _____

Please mark what Department of Armed Forces you served in:

____ Army ____ Navy ____ Marine Corps ____ Air Force

____ Army National Guard ____ Coast Guard

Please mark what Commendations of Medals pertains to you:

____ Purple Heart ____ Silver Star ____ Bronze Star ____ P.O.W.

____ Patch ____ Badge ____ Other _____

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:	
PROCESSED BY: _____	DATE: _____
MAIL TAG TO CUSTOMER: YES OR NO	
NOTES: _____	