



**CHEROKEE NATION TAX COMMISSION  
P.O. BOX 948 TAHLEQUAH, OK 74465  
MOTOR VEHICLE DIVISION  
SELF-VIN INSPECTION INSTRUCTIONS**

In order to comply with Motor Vehicle Rules and Regulations; All vehicles must be physically inspected (VIN INSPECTION) before original Cherokee Nation Title may be issued.

Self-Inspection may be done on form 82-01. This form may be completed, signed and notarized and turned into or mailed to Cherokee Nation Tax Commission, with \$2 processing fee.

In order for Cherokee Nation Tax Commission Agent to Attest or Witness; form must be signed in presence of agent.

*Non complying forms will be rejected.  
IE: incomplete, erasures, strikeouts, whiteout.  
Forms with illegible information will not be accepted.*

Form can be found @ <http://www.cherokee.org/Services/TaxCommission/TaxOffice/DownloadableForms.aspx>



CHEROKEE NATION TAX COMMISSION  
P.O.BOX 948 TAHLEQUAH, OK 74465  
SELF VIN INSPECTION FORM

VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_

ODOMETER READING 

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 No Tenths

I, the undersigned, under the penalties of perjury do solemnly swear (or affirm) that I have physically inspected the above described vehicle and that the statements contained herein are true.

Also I, the undersigned do hereby submit to the jurisdiction of the Cherokee Nation and its courts for purposes of enforcement , including without limitations the assessment and collection of any penalties, fines, and interests provided by "Cherokee Nation Vehicle and Licensing Code".

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DECLARATION OF DAMAGE OR THEFT

THE OWNER/LEGAL AGENT OF OWNER OF THE VEHICLE DESCRIBED ON THIS APPICATION SHALL ANSWER THE FOLLOWING QUESTIONS AND PROCEED ACCORDINGLY.

\_\_\_ YES \_\_\_ NO HAS THE VEHICLE BEEN DAMAGED BY COLLISION OR OTHER OCCURRENCE?

\_\_\_ YES \_\_\_ NO HAS THE VEHICLE BEEN RECOVERED FROM A THEFT?

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, THE OWNER/LEGAL AGENT DECLARES, TO THE BEST OF HIS/HER KNOWLEDGE.

THE COST OF REPAIRING THE VEHICLE TO A ROADWORTHY CONDITION AMOUNTED TO \_\_\_\_\_ % (PERCENT) OF ITS FAIR MARKET VALUE AT THE TIME OF LOSS.

\_\_\_\_\_  
Owner DATE

State of Oklahoma  
or  
Cherokee Nation, County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires Notary Public

**Office Use Only:**  
I have verified the VIN on the documents presented match the VIN number which appears on the insurance verification form.  
Agent Signature \_\_\_\_\_