



**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, strikeovers, whiteout.
Forms with illegible information will not be accepted.*



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 penalty of perjury, do hereby solemnly swear or affirm that I am the lawful owner or the authorized legal agent of the owner of the vehicle described above, and that all statements made in this document are true and correct to the best of my knowledge.

Furthermore, I knowingly and voluntarily submit to the jurisdiction of the Cherokee Nation and its courts for the purpose of enforcing all provisions of LA 01-01, as amended, including but not limited to the assessment and collection of any and all penalties, fines, and interest as authorized under the Cherokee Nation Vehicle and Licensing Code.

DECLARATION OF DAMAGE OR THEFT

THE OWNER/LEGAL AGENT OF OWNER OF THE VEHICLE DESCRIBED ON THIS APPLICATION 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 Printed Name

Owner Signature

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 _____