



Yakama Nation Department of Revenue
Motor Vehicle Registration Program
401 Fort Road – P.O. Box 151 Room #205
Toppenish, WA 98948
Telephone: (509) 865-5121 Ext. 6028 & Ext. 6091



AFFIDAVIT OF MVRP PLATES

PLEASE PRINT NAME: LAST:	FIRST:	MI:	ENROLLMENT #:
MAILING ADDRESS:			PHONE #:
VEHICLE INFORMATION			
YN PLATE #:			VIN #:
VEHICLE YEAR:	VEHICLE MAKE:	VEHICLE MODEL:	
I CERTIFY THAT ON: MONTH: _____ DAY: _____ YEAR: _____,			
THE FOLLOWING HAPPENED TO THE VEHICLE IDENTIFIED ABOVE:			
PLEASE CHECK BOX:			
<input type="checkbox"/> SOLD MY VEHICLE TO:			
<input type="checkbox"/> TRADED MY VEHICLE TO:			
<input type="checkbox"/> LOST PLATE/TABS		<input type="checkbox"/> DAMAGED PLATE(S)	
<input type="checkbox"/> STOLEN PLATES		POLICE REPORT #:	
I _____ DO _____ DO NOT wish to receive replacement plates			
FOR INTEROFFICE USE ONLY:			
IF REPLACED: NEW YN PLATE #: _____ TAB: _____			
RECEIVED BY: _____ PROCESSED BY: _____ DATE OF INPUT: _____ DATE FILED: _____			
COPY SENT TO: <input type="checkbox"/> Tribal Police <input type="checkbox"/> Prosecutor <input type="checkbox"/> Other: _____			

I _____ on this _____ day of _____, 20____, do state, under penalty of perjury, that the information contained in this document is accurate and submitted to the best of my knowledge. I understand the information disclosed or revealed through investigation will be held confidential to the extent that it does not post conflict with any legal requirements, policies, and provisions of the Yakama Nation. I understand that if legal action results by this report, my name must be disclosed as a witness in the case. The Yakama nation does not waive, alter, or otherwise diminish its sovereign immunity from suit for any action relating to or in accordance with the actions or outcomes of this document.

SIGNATURE: _____

STATE OF WASHINGTON, COUNTY OF YAKIMA

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20____,

MY COMMISSION EXPIRES: _____,

SIGNATURE: _____, NOTARY PUBLIC