Texas Department of Agriculture

Extension Request for Cotton Stalk Destruction Date

RCD-901

SEC. A

1 ATTENTION

• **THIS FORM HAS CHANGED.** Send your extension request by mail to Texas Department of Agriculture, Pest Management Program, P.O. Box 12847, Austin, TX 78711; by email to Cotton@TexasAgriculture.gov, or by fax to (888) 215-5208.

• **EXTENSION REQUESTS MUST BE SUBMITTED TO TDA NOT LATER THAN** the applicable pest management zone’s stalk destruction deadline or extended deadline.

• **TO FILL-OUT THIS FORM:** Complete Section B, Section C (if needed), and Sections D – H. Section I is for department use only.

• **MULTIPLE FIELDS:** This form is for just one field. For each additional field, please complete a copy of form RCD-901A “Multiple Fields, Schedule A”.

• **FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF REQUEST.**

SEC. B

1 CLIENT INFORMATION

<table>
<thead>
<tr>
<th>Client Name</th>
<th>E-mail address (optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>( ) -</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City</td>
</tr>
<tr>
<td>Preferred means of written communication:</td>
<td></td>
</tr>
<tr>
<td>[ ] US Mail</td>
<td>[ ] E-mail</td>
</tr>
</tbody>
</table>

SEC. C

1 CONTACT PERSON FOR EXTENSION-RELATED MATTERS (IF DIFFERENT FROM SECTION B)

<table>
<thead>
<tr>
<th>First Name</th>
<th>M. I.</th>
<th>Last Name</th>
<th>E-mail address (optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>( ) -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Preferred means of written communication:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>[ ] US Mail</td>
<td>[ ] E-mail</td>
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<td></td>
</tr>
</tbody>
</table>

SEC. D

1 SIGNATURE

The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application (including any copies of Form RCD 901A Multiple Fields, Schedule A) at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any benefit issued pursuant to this application and/or the imposition of monetary administrative penalties. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.

Applicant Name (print) | Title
----------------------|-------
Applicant Signature   | Date (mm/dd/yyyy) / / 

SEC. E

1 CHECKLIST

**ATTENTION:** Please use this checklist to ensure you are sending all of the necessary documents. An incomplete application may result in processing delays or denial of a request.

- [ ] RCD-901 Extension Request for Cotton Stalk Destruction Date (2 pages)
- [ ] RCD-901A Multiple Fields, Schedule A (If more than one field)

Enter Number of Fields you are requesting extensions for: _____
SEC. F

1 VERIFICATION INFORMATION

Client Name

SEC. G

1 FIELD INFORMATION

<table>
<thead>
<tr>
<th>FSA County</th>
<th>CSD Zone/Area</th>
<th>FSA Farm No.</th>
<th>FSA Tract No.</th>
<th>FSA Field No.</th>
<th>Total Acres</th>
</tr>
</thead>
</table>

Date(s) Planted (mm/dd/yyyy): __________________________

Check one:  ☐ Irrigated  ☐ Dryland

Check one:  ☐ Unharvested / Partially Unharvested  ☐ Harvested On (mm/dd/yyyy): ______/____/____

Check all that apply:  ☐ Undestroyed original stalks  ☐ Regrowth in a destroyed field

☐ Volunteer in a destroyed field

2 PHYSICAL LOCATION OF FIELD

Describe location of field. Include directions from nearest major crossroads or landmarks if difficult to find:

SEC. H

1 EXTENSION REQUEST INFORMATION

Check applicable reason(s).

☐ Weather  ☐ Illness  ☐ Mechanical Failure  ☐ Research

☐ Other:

Extension is requested until this date (mm/dd/yyyy): ______/____/____

(A further extension can be requested before a given extension expires.)

Explain reason(s) for extension request. Please be specific and complete. If “Weather” is a reason, give approximately when and how weather prevents timely destruction. If “Illness,” “Mechanical Failure” or “Research” are checked, please be specific regarding how the circumstances prevent timely destruction. If “Other” is checked, give clarifying specifics, including how the reason impacted the field and your actions. Attach extra pages if necessary.

SEC. I

TDA USE ONLY

Date faxed/e-mailed/postmarked (mm/dd/yyyy): ______/____/____

Date application arrived at TDA (mm/dd/yyyy): ______/____/____

NOTE: If mailed, also date stamp the envelope and attach it to the application.

Letter Number ______ Date Mailed (mm/dd/yyyy): ______/____/____

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)