



Texas Department of Agriculture
Extension Request for Cotton Stalk Destruction Date

RCD-901

COMMISSIONER SID MILLER

SECTION A	¹ ATTENTION				
	<ul style="list-style-type: none"> • <i>THIS FORM HAS CHANGED.</i> Send your extension request by <u>mail</u> to Texas Department of Agriculture, Pest Management Program, P.O. Box 12847, Austin, TX 78711; by <u>email</u> to Cotton@TexasAgriculture.gov, or by <u>fax</u> to (888) 215-5208. • <i>EXTENSION REQUESTS MUST BE SUBMITTED TO TDA NOT LATER THAN</i> 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. 				

SECTION B	¹ CLIENT INFORMATION				
	Client Name		E-mail address (optional):		Phone () -
	Mailing Address	City	State	Zip	Preferred means of written communication: <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail

SECTION C	¹ CONTACT PERSON FOR EXTENSION-RELATED MATTERS (IF DIFFERENT FROM SECTION B)				
	First Name	M. I.	Last Name		E-mail address (optional): () -
	Mailing Address	City	State	Zip	Preferred means of written communication: <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail

SECTION 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) ____ / ____ / ____	

SECTION E	¹ CHECKLIST				
	ATTENTION: Please use this checklist to ensure you are sending all of the necessary documents. <i>An incomplete application may result in processing delays or denial of a request.</i> <ul style="list-style-type: none"> <input type="checkbox"/> RCD-901 Extension Request for Cotton Stalk Destruction Date (2 pages) <input type="checkbox"/> 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 _____

SECTION G	¹ FIELD INFORMATION					
	FSA County	CSD Zone /Area	FSA Farm No.	FSA Tract No.	FSA Field No.	Total Acres
	Date(s) Planted (mm/dd/yyyy): _____			Check one: <input type="checkbox"/> Irrigated <input type="checkbox"/> Dryland		
	Check one: <input type="checkbox"/> Unharvested / Partially Unharvested			<input type="checkbox"/> Harvested On (mm/dd/yyyy): ____ / ____ / ____		
	Check all that apply: <input type="checkbox"/> Undestroyed original stalks <input type="checkbox"/> Regrowth in a destroyed field					
	<input type="checkbox"/> 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: 						

SECTION H	¹ EXTENSION REQUEST INFORMATION			
	Check applicable reason(s).			
	<input type="checkbox"/> Weather	<input type="checkbox"/> Illness	<input type="checkbox"/> Mechanical Failure	<input type="checkbox"/> Research
	<input type="checkbox"/> Other: _____			
Extension is requested until this date (mm/dd/yyyy): ____ / ____ / ____ (A further extension can be requested <u>before</u> a given extension expires.)				
Explain reason(s) for extension request. Please be specific and complete. If “Weather” is a reason, give approximately <i>when</i> and <i>how</i> weather prevents timely destruction. If “Illness,” “Mechanical Failure” or “Research” are checked, please be specific regarding <i>how</i> 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.				

SECTION I	TDA USE ONLY
	Date faxed/e-mailed/postmarked (mm/dd/yyyy): ____ / ____ / ____
	Date application arrived at TDA (mm/dd/yyyy): ____ / ____ / ____
	<i>NOTE: If mailed, also date stamp the envelope and attach it to the application.</i>
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.)