VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

OFFICE OF PLANT INDUSTRY SERVICES

PO Box 1163

Richmond, Virginia 23218

REQUEST TO GROW COTTON AND FEE WAIVER

Application Date: _____

Please email completed form to:
David.Gianino@vdacs.virginia.gov.

Allow up to 5 working days for application to be processed.

Name: _____

Address: _____

_____

Phone: _____

Email: _____

_____

REQUEST TO GROW NON-COMMERCIAL COTTON

Provide details of why you are requesting to grow cotton:

Source of cotton seeds:

Purpose for growing cotton plants:

- ☐ Demonstration
- ☐ Educational
- ☐ Crafting/Hobby
- ☐ Other: _____

Location where the cotton plants will be grown (physical address, city, zip code):

_____

_____

Quantity of cotton plants intending to grow: _____

VDACS PERSONNEL ONLY

Comments: _____

_____

_____

_____

Permit #: _____ **Issuance Date**: _____

Expiration Date: _____

_____

Authorized Signature