



**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:  
[John.Bransford@vdacs.virginia.gov](mailto:John.Bransford@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