



**Texas Department of Agriculture**  
**Multiple Fields**  
**Schedule A**

**RCD-901A**

TODD STAPLES, COMMISSIONER

SECTION A	<b><sup>1</sup> ACCOUNT TYPES</b>					
	<ul style="list-style-type: none"><li>• <b>EXTENSION REQUESTS FOR FIELDS WITH <u>UNHARVESTED</u> COTTON MUST BE SUBMITTED TO TDA NOT LATER THAN 10 DAYS BEFORE</b> the applicable pest management zone's stalk destruction deadline or extended deadline. Requests related to harvested, regrowth and volunteer cotton may be submitted up to the deadline or extended deadline.</li><li>• <b>FOR YOUR FIRST FIELD:</b> Complete a copy of <i>Form RCD-901</i> (<i>Extension Request for Cotton Stalk Destruction Date</i>).</li><li>• <b>FOR EACH ADDITIONAL FIELD:</b> Complete a copy of <i>this form</i> (<i>RCD-901A Multiple Fields, Schedule A</i>).</li><li>• <b>TO FILL-OUT THIS FORM:</b> Complete Sections B, C and D. Section E is for <i>TDA use only</i>.</li><li>• <b>FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF REQUEST.</b></li></ul>					
SEC. B	<b><sup>1</sup> VERIFICATION INFORMATION</b>					
	Client Name _____					
SECTION C	<b><sup>1</sup> FIELD INFORMATION</b>					
	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					
	<b><sup>2</sup> PHYSICAL LOCATION OF FIELD</b>					
Describe location of field. Include directions from nearest major crossroads or landmarks if difficult to find: _____						
SECTION D	<b><sup>1</sup> EXTENSION REQUEST INFORMATION</b>					
	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 before a given extension expires)						
<b>Explain reason(s) for extension request. <u>Please be specific and complete.</u></b>						
SEC. E	<b>TDA USE ONLY</b>					
	Date faxed/e-mailed/postmarked (mm/dd/yyyy): ____/____/____					
	Date application arrived at TDA (mm/dd/yyyy): ____/____/____ <i>NOTE: If mailed, <u>also</u> date stamp the envelope and attach it to the application.</i>					

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.)