



**VIRGINIA DEPARTMENT OF AGRICULTURE
AND CONSUMER SERVICES**
OFFICE OF PLANT INDUSTRY SERVICES
PO Box 1163
Richmond, Virginia 23218
NOXIOUS WEED PERMIT APPLICATION

Application Date: _____

Please email completed form to:

NoxiousWeed.VDACS@vdacs.virginia.gov.

Allow 5 working days for application to be processed.

Name: _____

Address: _____

Phone: _____

Email: _____

DESCRIPTION OF THE INTENT TO MOVE

Name of noxious weed declared:

Reason for movement:

Place of origin of regulated article (physical address, county, or GPS):

Address of intended destination:

Number and description of articles:

Declared means of conveyance:

Declared point of entry (if entering Virginia from out-of-state):

VDACS PERSONNEL ONLY



Permit # _____ Issuance Date: _____

Expiration Date: _____

Authorized Signature