

Understanding the Registry

Patient and Caregiver Initial Application Instructions

Once your qualified physician has entered your information into the Medical Marijuana Use Registry, you will be able to apply for your Medical Marijuana Use Registry Identification Card. The quickest and easiest way to apply for your ID card is online through the Registry. Follow the steps below to complete your online application.

Step 1: Log into the Medical Marijuana Use Registry <https://mmuregistry.flhealth.gov/>.

If you do not remember your password, you may reset it yourself by selecting [Forgot Password](#) on the Login page. For step-by-step instructions to reset your password, see our [Resetting My Password](#) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

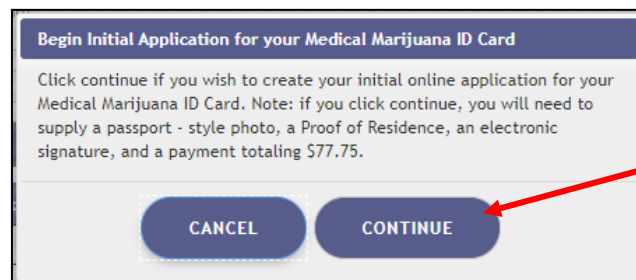
Step 2: Navigate to the “YOUR CARD” menu option at the top of the page to view your identification card application.



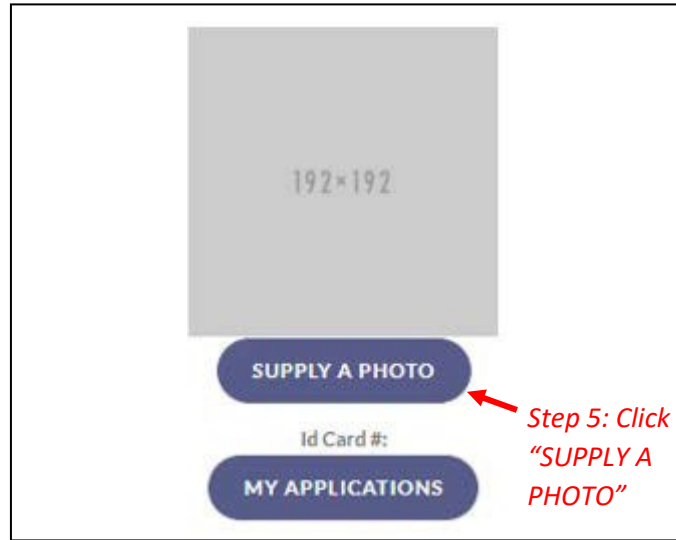
Step 3: After clicking “YOUR CARD,” you are brought to your Application History page. Click “BEGIN INITIAL APPLICATION” to create your initial application.



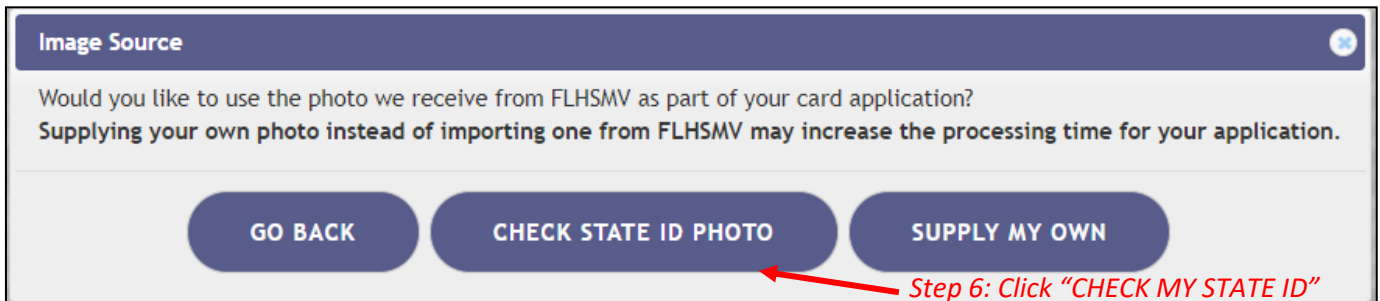
Step 4: A prompt will appear for you to confirm that you wish to continue to the Initial Application. Click “CONTINUE” to proceed to the application.



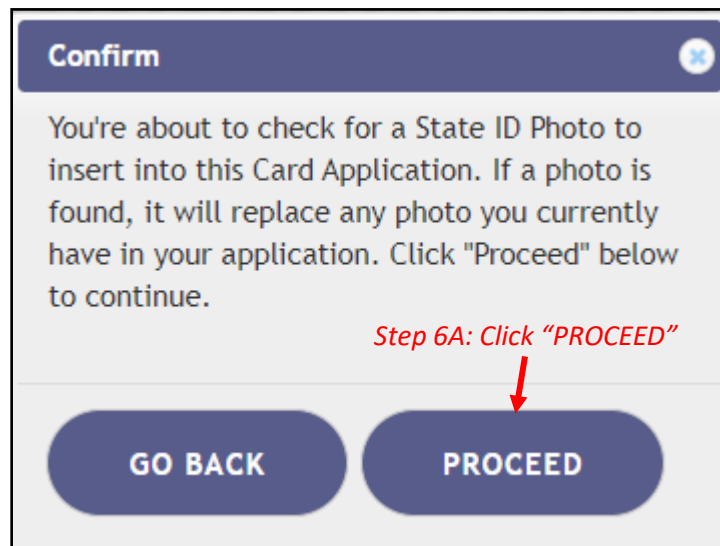
Step 5: Once you have clicked the “CONTINUE” button, you are brought to your initial application page. Click “SUPPLY A PHOTO” to either supply your State ID photo, or to supply your own passport style photo to your application.



Step 6: Clicking “CHECK MY STATE ID” will upload your driver’s license photo from the Florida Department of Highway Safety and Motor Vehicles’ (FLHSMV) demographic database. Clicking “SUPPLY MY OWN” will allow you to upload your own photo from your device. *(Using the FLHSMV sourced data will automatically approve the photo and may cut down on processing time, while supplying your own photo may increase the processing time.)*



Step 6A: Click “PROCEED.”



For step-by-step instructions on uploading your photo from your desktop/laptop computer, see our [Uploading a Photo from a Desktop Computer](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

For instructions on uploading your photo from a mobile device, see our [Uploading a Photo from a Mobile Device](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

Step 7: The next step will be to upload your Proof of Residency documentation. Scroll down to the section titled “Proof of Residence” and then click “SUPPLY PROOF.”

Review the [Required Proof of Residency Documentation](https://knowthefactsmmj.com/patients/cards) on our Know the Facts MMJ page (<https://knowthefactsmmj.com/patients/cards>)

Proof of Residence

Proof of Residency - All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. Adult seasonal residents must provide either proof of residency under section 381.986(5)(b)1. or provide a copy of two documents as specified in section 381.986(5)(b)2., Florida Statutes. Minor patients must provide proof of residency as specified in section 381.986(5)(b)3., Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b)1., Florida Statutes.
You may upload up to 5 files into your application. You currently have 0 document[s].

SUPPLY PROOF ← *Step 7: Click "SUPPLY PROOF"*

You must supply Proof of Residence to apply

The patient cannot obtain cannabis products until this is completed

Step 8: A prompt will appear for you to choose how to supply your documentation. Click “CHECK STATE RESIDENCY STATUS” to obtain your Driver License or Florida State ID from FLHSMV. If you wish to upload your own proof of residence, click “SUPPLY MY OWN” to supply your own proof of residency document. Select the file you wish to upload and click “OPEN.” The document will appear below the “SUPPLY RESIDENCE” button.

For instructions on uploading your proof of residence from a desktop/laptop computer, see our [Uploading Residency Documents from a Desktop Computer](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

For instructions on uploading proof of residence from a mobile device, see our [Uploading Residency Documents from a Mobile Device](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

Proof Of Residency Source

Would you like to use the proof of residence we receive from the FLHSMV as part of your card application?
Supplying your own proof of residence instead of importing the data from the FLHSMV may increase the processing time of your application.

GO BACK **CHECK STATE RESIDENCY STATUS** **SUPPLY MY OWN**

Step 8: Click "CHECK STATE RESIDENCY STATUS" to supply a valid FL Driver's License or FL Identification Card




Step 8A: Click “PROCEED.”

Confirm

You're about to check for your State ID Residency status to insert into this Card Application. If electronic Proof of Residency is found, it will replace any POR uploads you currently have in your application. If nothing is found, no change will be made. Click "Proceed" below to continue.

GO BACK **PROCEED** ← *Step 8A: Click "PROCEED"*

Step 9: Review all data to make sure it is accurate. Then click “APPLY.”

Current Information:	Updated Information:
	
When supplying the rest of your application, you may add this photo from the HSMV to your Application, or manually supply one.	
Last Name: ANY	Last Name: ANY
First Name: NAME	First Name: NAME
Middle Initial:	Middle Initial: Z
Date Of Birth: [REDACTED]	Date Of Birth: [REDACTED]
SSN: [REDACTED]	SSN: [REDACTED]
Florida DL or State ID #: A*****[REDACTED]	Florida DL or State ID #: A*****[REDACTED]
Gender: Male	Gender: Male
Address: 2900 APALACHEE PKWY B341	Address: 2900 APALACHEE PKWY B341
City: TALLAHASSEE	City: TALLAHASSEE
County: Leon	County: Leon
ZIP code: 32399-1025	ZIP code: 32399-1025
Permanent Florida resident?: Yes	Permanent Florida resident?: Yes
Seasonal Florida resident?: No	Seasonal Florida resident?: No
If Seasonal, Permanent State?: N/A	If Seasonal, Permanent State?: N/A
<p>APPLY  <i>Step 9: Click “APPLY”</i></p>	

Step 10: Read the confirmation message and click “APPLY” to confirm.

Apply to your Card Application?

Proceeding will update your Card Application with the information shown.

GO BACK **APPLY** *Step 10: Click “APPLY”*

Step 11: Electronically sign your application. Scroll to the bottom of the page to the signature section to type in your first name and last name in the boxes provided.

Step 12: Click “SUBMIT MY CARD APPLICATION.”

Signature

To sign below, supply **Any** in the First Name text box, and **Patient** in the Last Name text box.

Type in your first name:

Type in your last name:

SUBMIT MY CARD APPLICATION

Step 11: Type your first name

Step 11: Type your last name

Step 12: Click “SUBMIT MY CARD APPLICATION”

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You must sign to apply
You cannot obtain cannabis products until this is completed and reviewed by the Office of Medical Marijuana Use

The undersigned persons certify that the applicant has requested a physical Medical Marijuana Use Registry Identification Card as authorized under section 381.986, Florida Statutes, and Chapter 64-4, F.A.C. The information contained in this application and in any attached exhibits that serves as a basis for card issuance, is accurate in complete, and that no one other than me or my caregiver is submitting this request on my behalf. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Step 13: A pop-up message will appear, stating that the application is not complete until you submit the processing fee. Click “CLOSE.”

Payment Available

Thank you for submitting your Medical Marijuana Use Registry application. Your application is not complete until we receive your processing fee.

Please go to the Payment Record section to either Pay Online or Pay by Mail.

CLOSE

Step 13: Click “CLOSE”

Step 14: Click the button that says, “CLICK HERE TO PAY ONLINE.”

Payment Record

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a \$75 processing fee.

Pay By Mail:
You may mail in your payment in to the following address:

Florida Department of Health
ATTN: Office of Medical Marijuana Use
PO Box 31313
Tampa, FL 33631-3313

Pay Online:
If you have already sent in your payment in the form of a check or money order, please do not click on the payment link as this will generate duplicate payments against your account.

CLICK HERE TO PAY ONLINE

Step 14: Click “CLICK HERE TO PAY ONLINE”

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A Payment has not been processed

A \$2.75 convenience fee will be added to each online payment.

Step 15: A new window will open containing the Bill2Pay interface, where you can supply your payment details. Payments by e-check, credit card and debit card are accepted. A \$2.75 convenience fee applies to each online payment.

Step 16: Select Method of Payment. Currently credit cards, debit cards and e-checks are acceptable payment.

Florida HEALTH
It's a New Day in Public Health.
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

1 Payment Details 2 Confirm Payment 3 Payment Complete

Select Payment Amount
AMOUNT DUE : \$77.75

Select Payment Method
Credit Card Bank Account

Name on Bank Account:
Name on Bank Account

Account Type:
Select an option...

Routing Number: ?
Routing Number

Account Number: ?
Account Number

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$77.75

Continue

Step 16: Select Payment Method. Choose Credit Card for Credit Cards and Debit Cards or Bank Account for E-Checks

Step 16A: If "Credit Card" was selected, fill out all the credit card information. Click "Continue" when finished.

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1 Payment Details 2 Confirm Payment 3 Payment Complete

Select Payment Amount
AMOUNT DUE : \$77.75

Select Payment Method
Credit Card Bank Account

Name on Card:
Name on Card

Credit Card Number: VISA MASTERCARD DISCOVER AMERICAN EXPRESS
Credit Card Number

Expiration Date: CVV: ?
MM / YY CVV

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$77.75

Continue

Step 16A: Fill out all payment information

Step 16A: Click "Continue" after all payment information is entered

Step 16B: If “Bank Account” was selected, fill out all the banking information. Click “Continue” when finished.

Florida HEALTH
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1 Payment Details 2 Confirm Payment 3 Payment Complete

Select Payment Amount
AMOUNT DUE : \$77.75

Select Payment Method
 Credit Card Bank Account

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$77.75

Name on Bank Account:

Account Type:

Routing Number: ?

Account Number: ?

Step 16B: Fill out all payment information

Step 16B: Click "Continue" after all payment information is entered

Step 17: Confirm that all the information is correct and input your email address, so you receive your payment confirmation.

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1 Account Details 2 Payment Details 3 Confirm Payment 4 Payment Complete

Review your payment details [Edit Details](#)

PATIENT ID
DATE OF BIRTH
PAYMENT METHOD
PAYMENT AMOUNT

Confirmation Email

I agree to the Terms and Conditions

Step 17: Confirm all information is correct

Step 17: Input Confirmation Email

Step 17A: Once you confirm all the information is correct and have input your email address, click “I agree to the Terms and Conditions.” Then click “Make a Payment.”

Florida HEALTH
It's a New Day in Public Health.
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

1 Account Details 2 Payment Details 3 Confirm Payment 4 Payment Complete

Review your payment details [Edit Details](#)

PATIENT ID [Redacted]
DATE OF BIRTH [Redacted]
PAYMENT METHOD [Redacted]
PAYMENT AMOUNT [Redacted]

Confirmation Email
Email Address [Redacted]

I agree to the Terms and Conditions

[Cancel](#) [Make a Payment](#)

Step 17A: Click "I agree to the Terms and Conditions"

Step 17A: Click "Make a Payment"

Step 18: Click “Print for your Records” to print the confirmation of the payment for your records.

HEALTH

1 Account Details 2 Payment Details 3 Confirm Payment 4 Payment Complete

Department of Health
Thank you for your payment!
[Click here to make another payment](#)

CONFIRMATION NUMBER [Redacted]

PATIENT ID [Redacted]
DATE OF BIRTH [Redacted]
PAYMENT DATE [Redacted]
PAYMENT METHOD [Redacted]
CONFIRMATION EMAIL [Redacted]
PAYMENT AMOUNT [Redacted]

[Print for your Records](#)

Step 18: Click "Print for your Records"

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a [\$75/\$15] processing fee. A 2.75 convenience fee will be added to each online payment.

Department of Health www.Bill2Pay.com

You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our [Understanding My Application Status](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ website (<https://knowthefactsmmj.com/registry/#instructional-guides>).

Once your Identification Card application has been approved, you will then be able to contact one of the [licensed medical marijuana treatment centers](#) to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<https://knowthefactsmmj.com/mmtc>).

For additional information, visit
KnowTheFactsMMJ.com