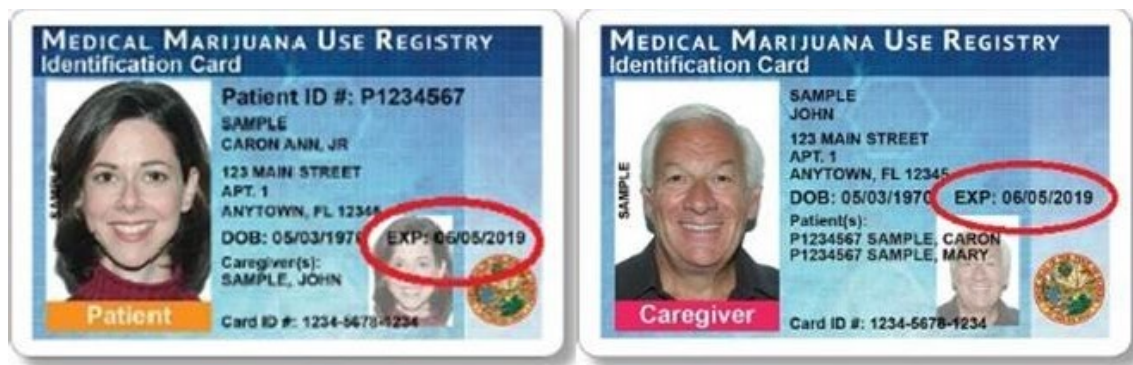




## Understanding the Registry Caregiver Application Instructions

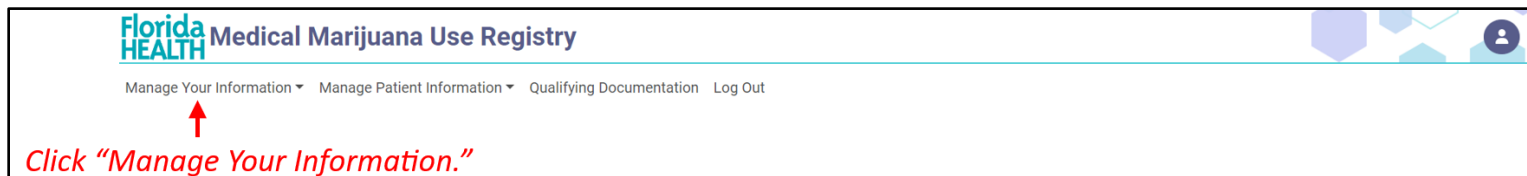
This guide explains the steps for completing applications (Initial, Renewal, and Change of Address) in the Medical Marijuana Use Registry (Registry). To receive or maintain an active Registry Identification Card, caregivers must annually submit a Registry ID Card application. Initial applications may be completed immediately upon becoming a qualified caregiver in the Registry, while renewal applications are available beginning **45 days prior** to the expiration date of the card. The expiration date of the ID Card is printed on the front of the card.



**Step 1:** Log into the Medical Marijuana Use Registry, [MMURegistry.FLHealth.gov](http://MMURegistry.FLHealth.gov).

*\*If you do not remember your password, learn how to reset it by [clicking here](#).*

**Step 2:** Click the “Manage Your Information” drop-down menu option.



**Step 3:** Click “Caregiver Card” from the drop-down menu.



#### Step 4:

If you are beginning your **Initial Application**, click “Begin Initial Application.” You may begin your initial application immediately after becoming a qualified caregiver in the Registry.

Caregiver Applications for: CAREGIVER TYPICAL  
Your Card is Currently: Not Initiated

Please select BEGIN INITIAL APPLICATION to apply for your initial Medical Marijuana Use Registry ID card.

[Begin Initial Application](#) [Update Phone/Email](#) [Update Address](#)

Application Type	Photo	Proof of Residence	Signature	Payment	Final Approval	Printed Card	Actions
No Records Found.							

Click “Begin Initial Application.”

If you are beginning your **Renewal Application**, click “Begin Renewal.” You may start a Renewal Application **45 days prior** to your current card’s expiration date. The number of days until you can begin a Renewal Application will be listed on this page. If your previous card is still valid, renewing your card will not affect your ability to obtain products.

Caregiver Applications for: CAREGIVER TYPICAL  
Your Card is Currently: Expired

[Begin Renewal](#) [Update Phone/Email](#) [Update Address](#)

Application Type	Photo	Proof of Residence	Signature	Payment	Final Approval	Printed Card	Actions
Initial Application	✓ Approved on 11/28/2023	✓ Approved on 11/28/2023	✓ Signed on 11/27/2022	✓ Processed on 11/28/2023	✓ Approved on 11/27/2022	✓ Card Printed on 11/30/2023	<a href="#">View</a>

Click “Begin Renewal.”

If you need to submit a **Change of Address Application**, click “Update Address.” You may start a Change of Address Application at any time if you have a current, approved application.

Caregiver Applications for: CAREGIVER TYPICAL  
Your Card is Currently: Expired

[Begin Renewal](#) [Update Phone/Email](#) [Update Address](#)

Application Type	Photo	Proof of Residence	Signature	Payment	Final Approval	Printed Card	Actions
Initial Application	✓ Approved on 11/28/2023	✓ Approved on 11/28/2023	✓ Signed on 11/27/2022	✓ Processed on 11/28/2023	✓ Approved on 11/27/2022	✓ Card Printed on 11/30/2023	<a href="#">View</a>

Click “Update Address.”

CONTINUE ON NEXT PAGE

**Step 5:**  
If you are completing an **Initial Application**, a pop-up will appear for you to confirm that you wish to begin your application. Click “Continue” to proceed to the application. **For Initial Application instructions, skip to Step 7 on this guide.**

Begin Initial Application for your Medical Marijuana ID Card

Click continue if you wish to create your initial online application for your Medical Marijuana ID Card. Note: if you click continue, you will need to supply a passport - style photo, a Proof of Residence, an electronic signature, and a payment totaling \$77.75.

Click “Continue.” → Continue Close

If you are completing a **Renewal or Change of Address Application**, a pop-up appears for you to proceed with managing your card application. Click “Proceed” to begin your Renewal or Change of Address Application.

Manage Card Application

You indicated you wish to manage your Card Application. The first step is verifying your information.

Click “Proceed.” → Proceed Abandon

CONTINUE ON NEXT PAGE

**Step 6:** If you are starting a **Renewal or Change of Address Application**, you must review your current information on file. Review all of the information to make sure it is correct. Click “Apply” if the information is correct, or click “Go Back” if it is incorrect.


Caregiver Profile for: TYPICAL CAREGIVER

Caregiver Number: C1XY2345

The Registry has imported your information from FLHSMV and listed it here. Please review and confirm the information is correct or click "Go Back" to stop managing your application.

Since there is a match, your application photo and Proof of Residence submission can be automatically approved, and your card application processing time may be shortened. If you click "Apply" below, you will not be able to change your demographic information in the Registry moving forward- what is on your Florida driver's license / state ID must be what is on your Registry profile and ID card.

Current Information



First Name:

TYPICAL

Last Name:

CAREGIVER

Middle Initial:

Date of Birth:

SSN:

Florida DL or State Id #:

Gender:

Male

Address:

123 ANY ROAD

City:

ANY TOWN

County:

Bradford

Zip Code:

12345

Permanent Florida Resident?:

Yes


Seasonal Florida Resident?:

No

If Seasonal, Permanent State?:

N/A

Updated Information



When supplying the rest of your application, you may add this photo from the HSMV to your Application, or manually supply one.

First Name:

Last Name:

Middle Initial:

Date of Birth:

SSN:

Florida DL or State Id #:

Gender:

Male

Address:

City:

County:

Zip Code:

Permanent Florida Resident?:

Yes

Seasonal Florida Resident?:

No

If Seasonal, Permanent State?:

N/A

Click "Apply."

Apply

Supply Manually

Go Back

**Step 7:** You are brought to the Getting Started screen. The Getting Started screen will go over each section of the application and what is required for each section. When you are ready to proceed, click “Begin Application.”

Florida HEALTH

Medical Marijuana Use Registry

Manage Your Information

Manage Patient Information

Qualifying Documentation

Log Out

This is an Initial Application for CAREGIVER STANDARD

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Getting Started

You are starting an Initial Application for a Medical Marijuana ID card. To complete the application, you will need to navigate through the tabs and supply the following information:

1. Demographic Data

2. Photo

3. Proof of Residency

4. Electronic Signature

5. Payment of \$75

Photo and Proof of Residency can be sourced from the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) or uploaded manually. If FLHSMV is used for photo and proof of residency, it will result in the quickest application approval time.

Click "Begin Application."

Begin Application

**Step 8:** After clicking “Begin Application,” you are brought to the Application Information screen to confirm your information that will be submitted on your application. Review the information shown. If the information is not correct, click “Update my Information,” and if the information is correct, click “Continue.”

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Demographics

First Name:

CAREGIVER

Last Name:

STANDARD

Middle Initial:

Primary Phone:

830-238-4022

Email Address:

caregiverforminorpatient@gmail.com

Date of Birth:

1/1/1950

Caregiver Number:

C0FH5741

Gender:

Female

Address 1:

123 TESTING CITY

Address 2:

City:

TEST

County:

Leon

Zip Code:

12345

Represents Patients:

PATIENT MINORTEST

Update My Information

Go Back

Continue

You are brought to the next tab.

Review your information (this is the information being submitted on your application.)

Click “Update My Information” IF there are changes needed.

Click “Continue” to proceed to the next section.

**Step 9:** After clicking “Continue,” you are brought to the Photo screen. Here, you must supply a passport-style photo. Click “Supply a Photo” to either pull your State ID photo from Florida Department of Highway Safety and Motor Vehicles (FLHSMV) or manually upload your own passport-style photo for your application.

If you are supplying your own photo, be sure to review the photo requirements. If your photo does not meet the requirements, it will be rejected and your application’s processing time will increase.

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Photo

192x192

ID Card #:

Supply a Photo

A full-face photo must be submitted to complete your application. If your Florida Driver License photo or Florida Identification Card photo appears in your application in the Registry resulting from accurate DOB/SSN entered by your physician, the most efficient process is to utilize that photo for your Medical Marijuana Card Application.

If you desire to utilize a separate photo, please mail or upload a full-face, passport-type, color photograph taken within the last 90 days. Passport-type photos must be color, clear, with a full front view of your face, with a plain white background. The photograph must be taken in normal street attire, without a hat, head covering, or glasses. A selfie snapshot, vending machine prints, glamour shots, magazine or full-length photos are unacceptable.

Photo Requirements

Click “Supply a Photo.”

Click to view the photo requirements.

Go Back

Continue

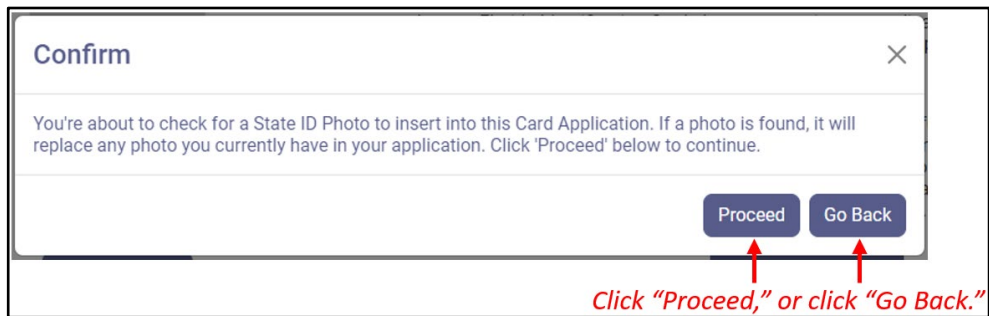
CG 05/2025

**Step 10:** A pop-up appears after clicking “Supply a Photo.” Click “Check State ID Photo” to automatically pull your photo from FLHSMV, or click “Supply My Own” to manually upload your own photo from your device.

*Using the photo from FLHSMV will automatically approve the photo and will cut down on processing time, while supplying your own photo will increase the processing time.*

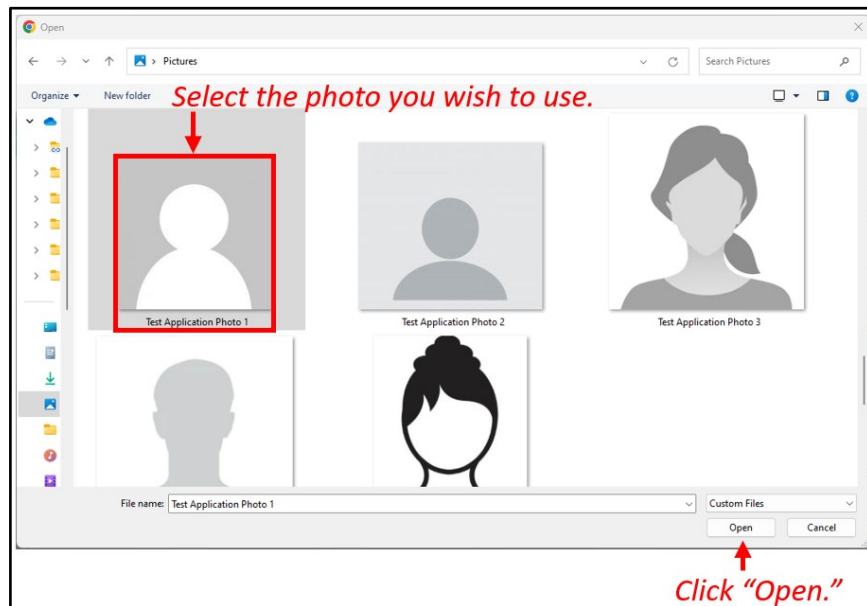


**Step 10a:** If you clicked “**Check State ID Photo**,” a pop-up appears for you to confirm pulling your photo from FLHSMV. Click “Proceed,” or click “Go Back” to return to the Photo screen.



Review the photo pulled from FLHSMV. If you are satisfied with the photo, click “Continue” to move to the next screen.

**Step 10b:** If you clicked “**Supply My Own**,” your computer’s File Explorer will open. Select the photo you wish to use, then click “Open.”





After clicking “Open,” you are returned to the Photo screen. Click “Continue” to move to the next section of the application.

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Photo

ID Card #:  
FD4VO2W56J4  
0

Supply a Photo

Remove Existing Photo

Photo Requirements

Go Back

Continue

Your photo will appear here.

A full-face photo must be submitted to complete your application. If your Florida Driver License photo or Florida Identification Card photo appears in your application in the Registry resulting from accurate DOB/SSN entered by your physician, the most efficient process is to utilize that photo for your Medical Marijuana Card Application.

A photo was uploaded on 05/07/2024. It must be approved by The Office of Medical Marijuana Use.

If you desire to utilize a separate photo, please mail or upload a full-face, passport-type, color photograph taken within the last 90 days. Passport-type photos must be color, clear, with a full front view of your face, with a plain white background. The photograph must be taken in normal street attire, without a hat, head covering, or glasses. A selfie snapshot, vending machine prints, glamour shots, magazine or full-length photos are unacceptable.

**Step 11:** You are brought to the Proof of Residency screen. Here, you must provide documentation to prove your Florida residency. Click “Supply Proof” to either pull your State Residency Information from FLHSMV or manually upload your own proof of residency documents for your application.

Review the [Required Proof of Residency Documentation](#) on our website: [KnowTheFactsMMJ.com/Patients/Cards](#).

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Proof of Residency

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

Go Back

Continue

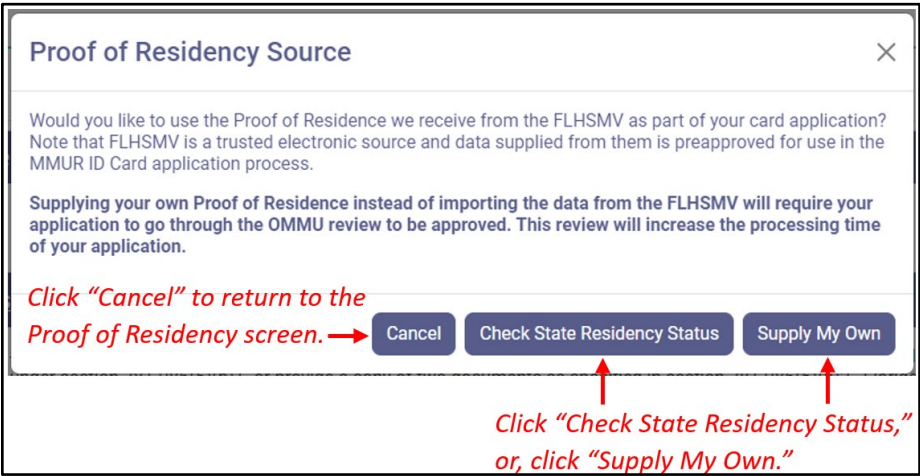
?

You must supply Proof of Residence to apply

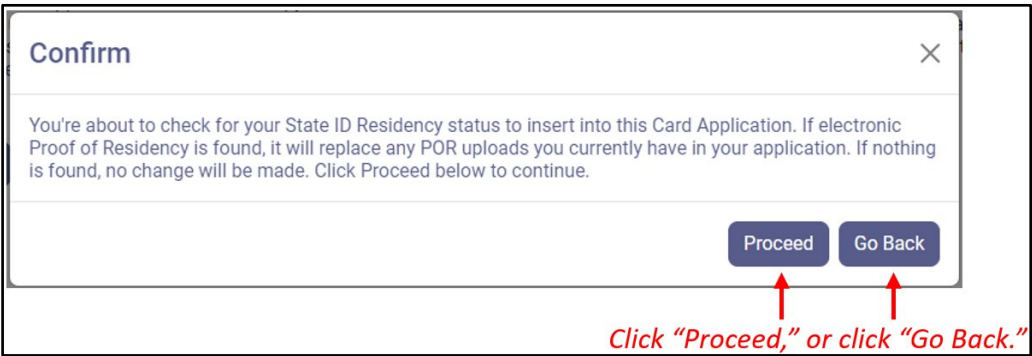
You cannot obtain cannabis products until this is completed

**Step 12:** A pop-up appears after clicking “Supply Proof.” Click “Check State Residency Status” to automatically pull your residency status from FLHSMV. Or click “Supply My Own” to manually upload your own proof of residency documents from your device.

*Using FLHSMV will automatically approve the proof of residency and will cut down on processing time, while supplying your own proof of residency documents will increase the processing time.*



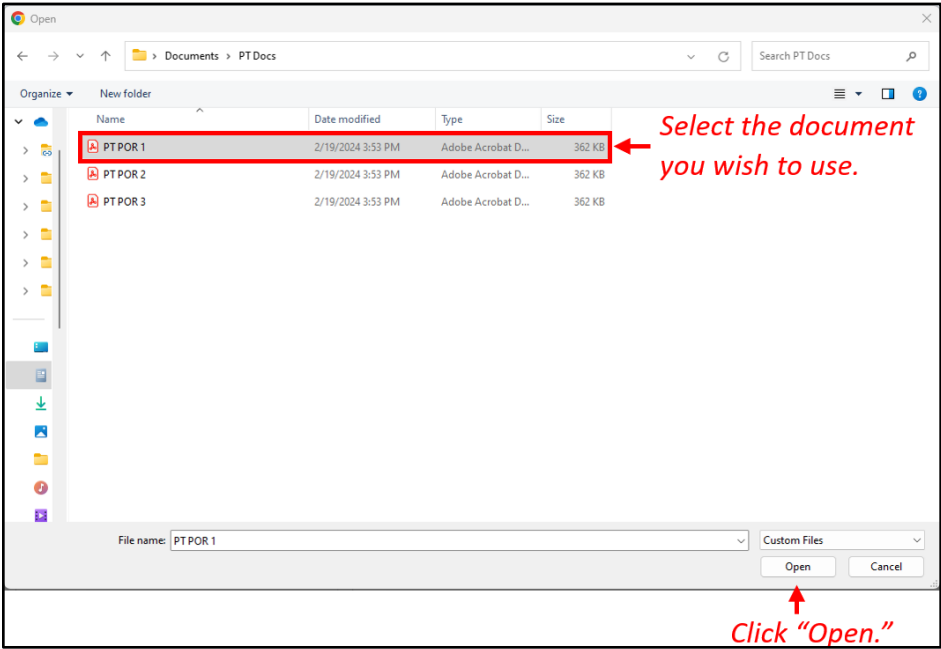
**Step 12a:** If you clicked “Check State Residency Status,” a pop-up appears for you to confirm pulling your residency information from FLHSMV. Click “Proceed,” or click “Go Back” to return to the Proof of Residency screen.



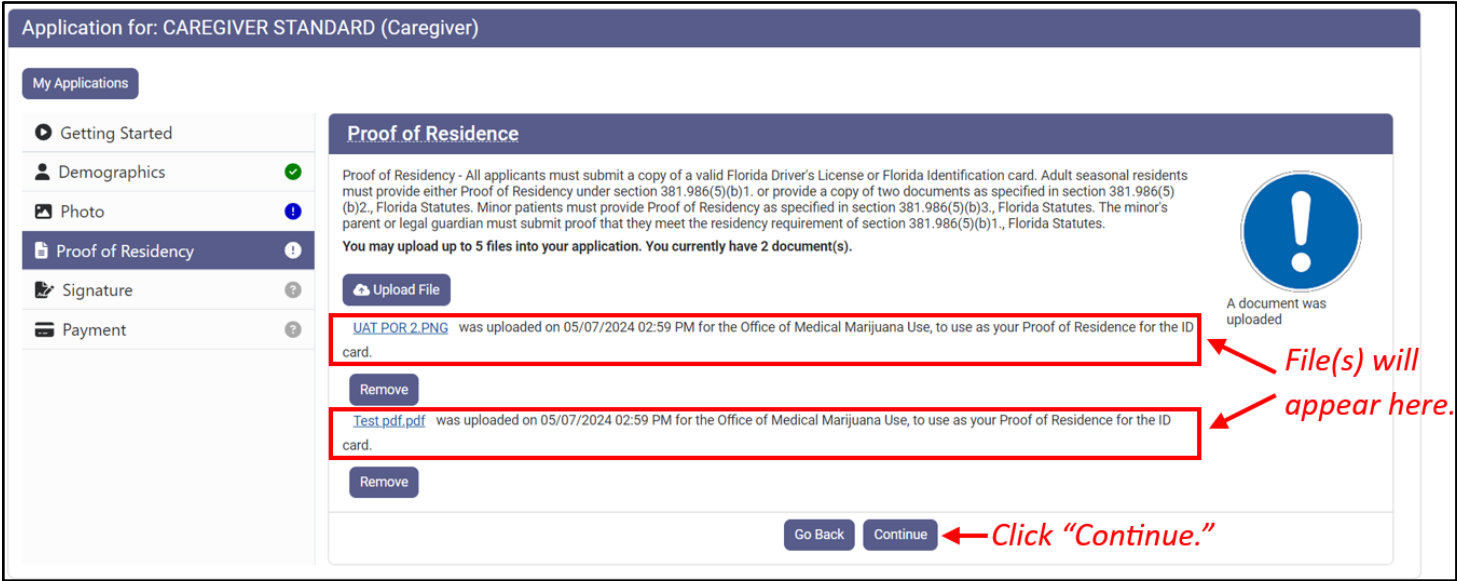
Review the information pulled from FLHSMV. If the information is correct, click “Apply.” If the information is not correct, click “Go Back” to return to the Proof of Residency screen.



**Step 12b:** If you clicked “Supply My Own,” your computer’s File Explorer will open. Select the documentation you wish to use, then click “Open.”



After clicking “Open,” you are returned to the Proof of Residency screen. Click “Continue” to move to the next section of the application.



**Step 13:** After clicking “Continue,” you are brought to the Application Review and Signature screen. Review the information being submitted for this application. If the information is correct, proceed to the next step. **If the information is NOT correct, DO NOT PROCEED.** Instead, return to the screen that has the incorrect information and correct it.

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Signature

Verify the information you supplied before submitting the card application. If changes are necessary, navigate to the appropriate tab to make changes. If FLHSMV is used for photo and proof of residency, it will result in the quickest application approval time.  
To sign below, supply **CAREGIVER** in the First Name text box, and **STANDARD** in the Last Name text box.

Type in your first name:

Type in your last name:

Submit My Card Application

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 and 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.

Summary

Uploaded Photo

First Name:

CAREGIVER

Last Name:

STANDARD

Middle Initial:

Primary Phone:

830-238-4022

Email Address:

caregiverforminorpatient@gmail.com

Date of Birth:

1/1/1950

Gender:

Female

Address 1:

123 TESTING CITY

Address 2:

City:

TEST

County:

Leon

Zip Code:

12345

Uploaded Files:

[Test.pdf.pdf](#)

Go Back

Continue

You must sign to apply.

Review your application information.

**Step 14:** Electronically sign your application, then click “Submit My Card Application.”

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Signature

Verify the information you supplied before submitting the card application. If changes are necessary, navigate to the appropriate tab to make changes. If FLHSMV is used for photo and proof of residency, it will result in the quickest application approval time.  
To sign below, supply **CAREGIVER** in the First Name text box, and **STANDARD** in the Last Name text box.

Type in your first name:

Type in your last name:

Submit My Card Application

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 and 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.

Summary

Uploaded Photo

First Name:

CAREGIVER

Last Name:

STANDARD

Middle Initial:

Primary Phone:

830-238-4022

Email Address:

caregiverforminorpatient@gmail.com

Date of Birth:

1/1/1950

Gender:

Female

Address 1:

123 TESTING CITY

Address 2:

City:

TEST

County:

Leon

Zip Code:

12345

Uploaded Files:

[Test.pdf.pdf](#)

Go Back

Continue

You must sign to apply.

CG 05/2025

**Step 15:** After clicking “Submit My Card Application,” a pop-up appears informing you that a payment needs to be submitted. 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.

Click “Close.” → Close

**Step 16:** You are returned to the application. The application now appears as submitted. Click “Continue” at the bottom of the page to proceed to the Payment Record screen.

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency


Signature

Payment

Signature

Your card application has been submitted. The Office of Medical Marijuana Use will review your application. Check back here to see the results of their review.  
Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a \$ 75 nonrefundable processing fee by check or money order made out to The Department of Health. Ensure that the check or money order includes your Registry Caregiver Number: C0FH5741  
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 and 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.

Summary



Uploaded Photo

First Name:

CAREGIVER

Last Name:

STANDARD

Middle Initial:

Primary Phone:

830-238-4022

Email Address:

caregiverforminorpatient@gmail.com

Date of Birth:

1/1/1950

Gender:

Female

Address 1:

123 TESTING CITY

Address 2:

City:

TEST

County:

Leon

Zip Code:

12345

Uploaded Files:

Test.pdf.pdf

The application is complete and is under review at the Office of Medical Marijuana Use.

Application appears as “Submitted.”

Go Back

Continue

 ← Click “Continue.”

**Step 17:** You are brought to the Payment Record screen. To pay online, click “Click Here to Pay Online.”  
If you would rather pay by mail, you can mail a check or money order to the address shown. Be sure to include your Caregiver ID # on the memo line! Cash is not accepted.

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Payment Record

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives your application processing fee. If your payment is returned/declined for any reason, there will be an additional \$ 15 service fee required to process your application. A returned/rejected payment will require you to resubmit the original payment, along with a \$ 15 service fee. You may either mail a check or money order made payable to the Florida Department of Health, or you may resubmit the payment online.

Pay By Mail:

You may mail your payment 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

A 2.75 % convenience fee will be added to each online debit/credit payment. A \$ 0.50 (fifty cents) convenience fee will be added to each eCheck payment.

A Payment has not been processed.

Click “Click Here to Pay Online.”

Go Back

CG 05/2025

**Step 18:** After clicking “Click Here to Pay Online,” a new window will open containing the check-out page. Review your transaction details.

OMMU  
Office of MEDICAL  
MARIJUANA Use  
Florida Official Course  
for Recreational Use

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
CG002	Caregiver Renewal Application	\$75.00	1	\$75.00
Total				\$75.00

Transaction Summary

Caregiver Renewal Application	\$75.00
TOTAL	\$75.00

Need Help?

Select Payment Method and Continue to proceed with payment.

Review the Transaction Details.

**Step 19:** Select your method of payment. Payments by e-check, credit card, and debit card are accepted. For every debit or credit card payment, a fee of 2.75% of the total transaction cost will be applied. For every e-check payment, a flat-fee of \$0.50 will be applied. Click “Next” after selecting your payment method.

Payment

Payment Type

Select your payment method. →

Payment Type \*

Select One

Select One

Credit/Debit Card

Electronic Check

Click [Next].

Next >

Transaction Summary

Caregiver Renewal Application	\$75.00
TOTAL	\$75.00

Need Help?

Select Payment Method and Continue to proceed with payment.

**Step 20:** Review your information in the “Customer Information” section to ensure it is correct. Click “Next” after confirming your information.

Customer Information

Country \*

United States

First Name \*

TYPICAL

Last Name \*

CAREGIVER

Company Name

Address \*

121305603 RESIDENTIAL STREET

Address 2

City \*

POMPANO BEACH

State \*

FL - Florida

ZIP/Postal Code \*

33069-3306

Phone Number \*

123-456-7890

Email \*

mmurCGtest@gmail.com

Review your Customer Information.

Click [Next].

Next >

Transaction Summary

Caregiver Renewal Application	\$75.00
Service Fee	\$2.06
TOTAL	\$77.06

Need Help?

Please complete the Customer Information Section.

Step 21: Enter your payment details, then click “Next.”


Payment Information


Complete all required fields [\*]


Credit Card Number \*


4111111111111111

Credit Card Type









Expiration Month \*

11 - November

Expiration Year \*

2025

Security Code \*

123

Name on Credit Card \*

Test Caregiver

☒ Payment Address is the same as Customer Information \*

Next >

Enter your payment details.

Click [Next].

Step 22: Confirm the entered information and click “Submit Payment.”

Address

TYPICAL CAREGIVER  
121305603 RESIDENTIAL STREET  
POMPANO BEACH, FL 33069-3306

Phone Number

123-456-7890

Country

United States

Email Address

mmurCGtest@gmail.com

Payment Information

Credit Card

Visa \*\*\*\*1111  
Exp. 11/2025

Name on Credit Card

Test Caregiver

Cancel

Submit Payment

Transaction Summary

Caregiver Renewal Application	\$75.00
Service Fee	\$2.06
TOTAL	\$77.06

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

Click [Submit Payment].

CONTINUE ON NEXT PAGE

**Step 23:** You will receive confirmation that the payment was successfully processed. Scroll to the bottom of the page and click “Continue” to return to your application in the Registry.

OMMU

Office of Medical Marijuana Use

Florida Department of Health

Tyler Payments Services

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
Total Payment To	\$75.00
Service Fee	\$2.06
Total Amount Paid	\$77.06

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
CG002	Caregiver Renewal Application	\$75.00	1	\$75.00
	Service Fee	\$2.06		\$2.06
Total Amount Paid				\$77.06

Customer Information

Customer Name	TYPICAL CAREGIVER	Receipt Date	2/1/2024
Local Reference ID	12420	Receipt Time	10:57:46 AM EST

Payment Information

Payment Type	Credit Card	Credit Card Number	*****1111
Credit Card Type	VISA	Order ID	16564875
		Name on Credit Card	Test Caregiver

Billing Information

Billing Address	121305603 RESIDENTIAL STREET
Billing City, State	POMPANO BEACH, FL
Billing Zip/Postal Code	33069-3306
Country	US

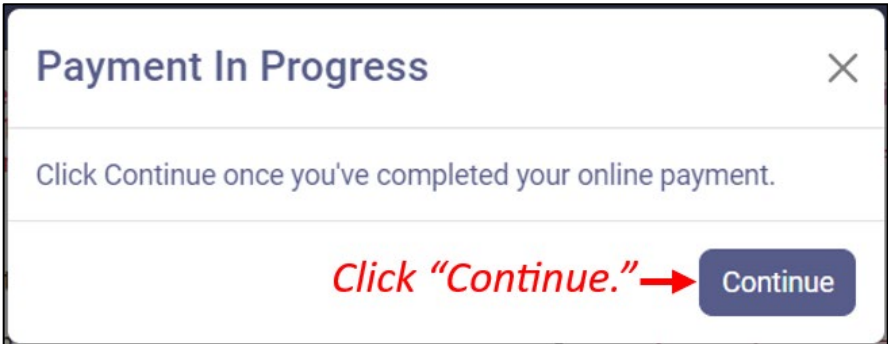
Click [Continue] to return to your Registry Application.

Continue

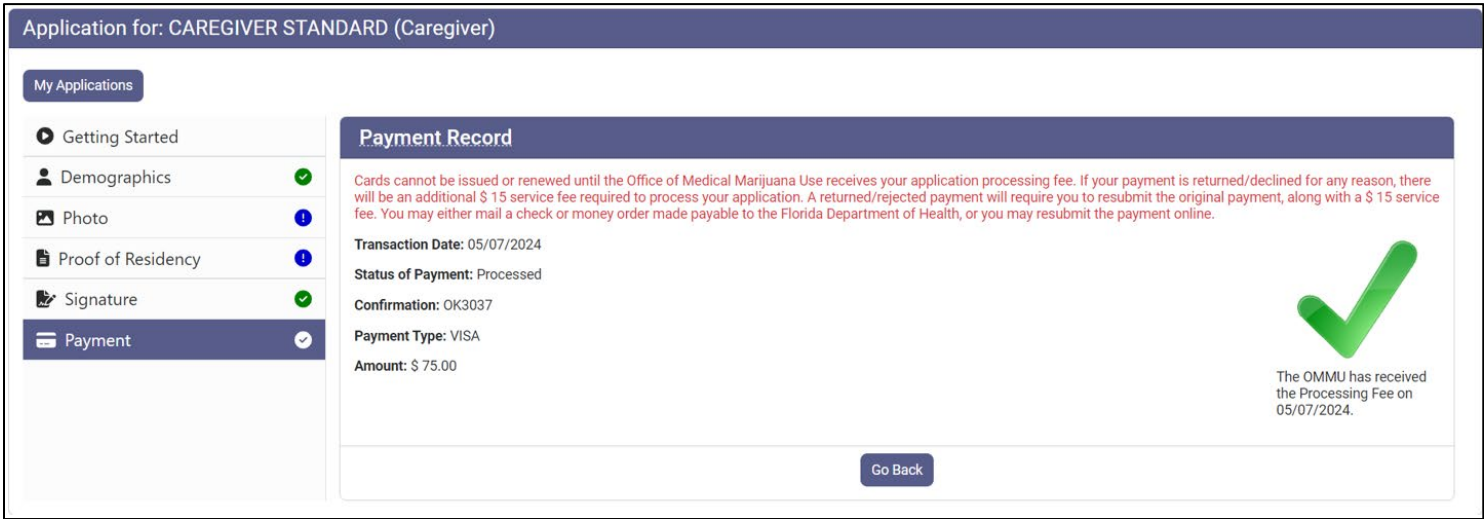
CONTINUE ON NEXT PAGE



**Step 24:** Once you are returned to the Registry, click “Continue” on the Payment in Progress modal. This will return you to your completed Medical Marijuana Use Registry ID Card Application.



**Step 25:** You are returned to your application. Your application will now show as “Submitted.”



You can check the status of your application as it is being reviewed. To learn what each status icon means, please see our [Understanding My Application Status](https://www.knowthefactsmmj.com/Registry/#Instructional-Guides) guide on our website: [KnowTheFactsMMJ.com/Registry/#Instructional-Guides](https://www.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 and their dispensing locations can be found on our website: [KnowTheFactsMMJ.com/MMTC](https://www.knowthefactsmmj.com/MMTC).

For additional information, visit  
**KnowTheFactsMMJ.com**