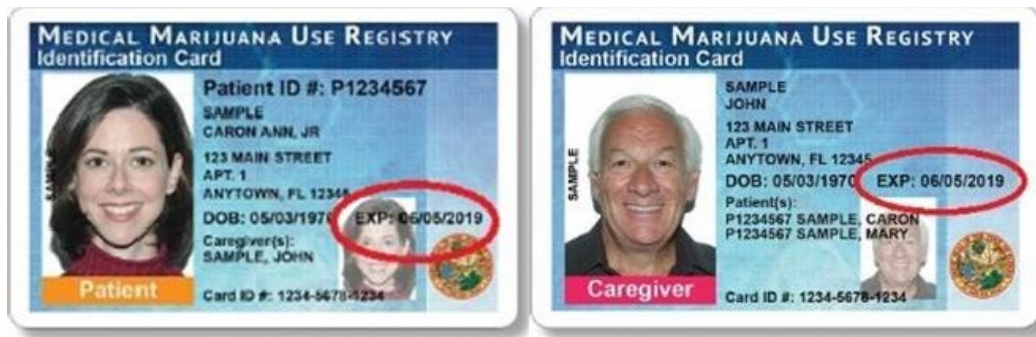




## Understanding the Registry Patient and Caregiver Renewal Instructions

To maintain an active Medical Marijuana Use Registry Identification Card, patients and caregivers must annually submit a renewal application. Renewal applications are available beginning **45 days** prior to the expiration date of the card. The expiration date of the identification card is printed on the front of the card.



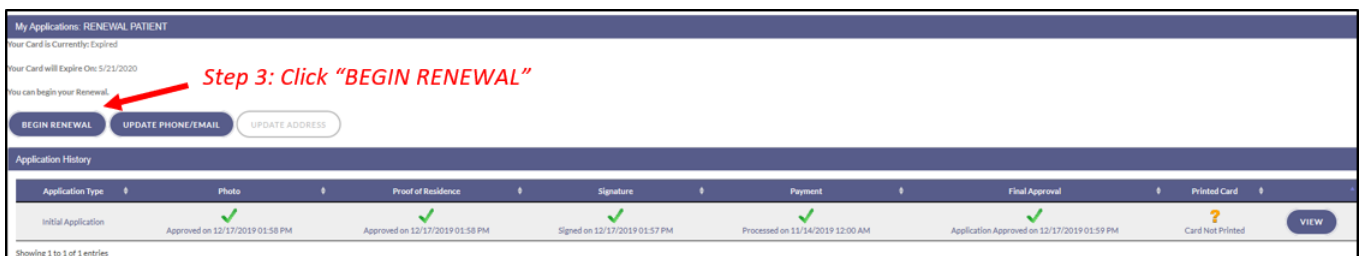
**Step 1:** Log into the Medical Marijuana Use Registry <https://mmuregistry.flhealth.gov/>.

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 Application History page.



**Step 3:** Click “BEGIN RENEWAL” to open a renewal application. You may start a renewal application **45 days** prior to your 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.



**Step 4:** Click "PROCEED."

Manage Card Application

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

PROCEED ABANDON

*Step 4: Click "PROCEED"*

**Step 5:** Review all data to make sure it is accurate. Then click "APPLY."

Current Information:

Updated Information:

Last Name: ANY

First Name: NAME

Middle Initial:

Date Of Birth:

SSN:

Florida DL or State ID #: A\* [redacted]

Gender: Male

Address: 2900 APALACHEE PKWY B341

City: TALLAHASSEE

County: Leon

ZIP code: 32399-1025

Permanent Florida resident?: Yes

Seasonal Florida resident?: No

If Seasonal, Permanent State?: N/A

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

First Name: NAME

Middle Initial: Z

Date Of Birth:

SSN:

Florida DL or State ID #: A\* [redacted]

Gender: Male

Address: 2900 APALACHEE PKWY B341

City: TALLAHASSEE

County: Leon

ZIP code: 32399-1025

Permanent Florida resident?: Yes

Seasonal Florida resident?: No

If Seasonal, Permanent State?: N/A

APPLY GO BACK

*Step 5: Click "APPLY"*

**Step 6:** 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

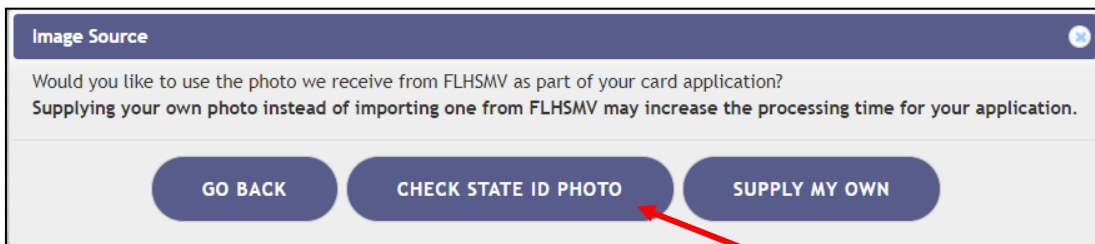
*Step 6: Click "APPLY"*

**Step 7:** Click “SUPPLY A PHOTO” to supply either your Florida State ID photo, or to supply your own passport style photo to your application.



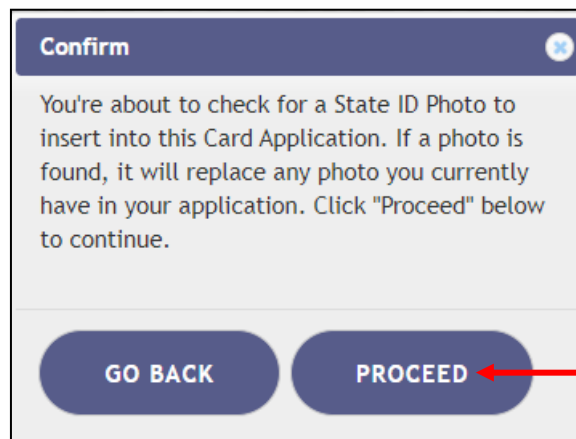
Step 7: Click “SUPPLY A PHOTO”

**Step 8:** A prompt appears for you to either check for your State ID photo or to supply your own passport style photo. Clicking “CHECK STATE ID PHOTO” will upload your driver’s license photo from the Florida Department of High Safety and Motor Vehicles’ (FLHSMV) demographic database. Clicking “SUPPLY MY OWN” will allow you to upload a 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 8: Click “CHECK STATE ID PHOTO”

**Step 9:** Read the message and click “PROCEED.”



Step 9: Click “PROCEED”

For step-by-step instructions 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 photograph 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 10:** Scroll down to the section titles “Proof of Residence” and then click “SUPPLY PROOF”

Proof of Residence

Proof of Residence - 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 10: Click “SUPPLY PROOF”*

**?**  
You must supply Proof of Residence to apply  
The patient cannot obtain cannabis products until this is completed

**Step 11:** Click “CHECK STATE RESIDENCY STATUS” to obtain your Driver License or Florida State ID from FLHSMV. If you wish to upload your own photo, 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 PROOF” button.

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 11: Click “CHECK STATE RESIDENCY STATUS” to supply a valid FL Driver’s License or FL Identification Card*



**Step 12:** 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 12: Click “PROCEED”*

**Step 13:** Review all data to make sure it is accurate. Then click “APPLY.”

Current Information:	Updated Information:
	
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>When supplying the rest of your application, you may add this photo from the HSMV to your Application, or manually supply one.</p> <p><b>APPLY</b> <b>GO BACK</b> <i>Step 13: Click “APPLY”</i></p>	

**Step 14:** Click “APPLY.”

**Apply to your Card Application?**

Proceeding will update your Card Application with the information shown.

GO BACKAPPLY

*Step 14: Click “APPLY”*

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>).

**Step 15:** 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 16:** Click “SUBMIT MY CARD APPLICATION.”

Signature

To sign below, supply **PATIENT** in the First Name text box, and **ANY** in the Last Name text box.

Type in your first name:  ← **Step 15: Type your first name**

Type in your last name:  ← **Step 15: Type your last name**

**SUBMIT MY CARD APPLICATION** ← **Step 16: Click “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 381.966, 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 775.062 or 775.063, Florida Statutes.

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

**Step 17:** A pop-up will appear advising that application is not complete until payment is received. 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 17: Click “CLOSE”**

**Step 18:** Click the button that says, “CLICK HERE TO PAY ONLINE,” which will appear after submitting your card application.

**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 18: Click “CLICK HERE TO PAY ONLINE”**

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

**?**  
A Payment has not been processed

**Step 19:** A new window will open containing the Bill2Pay interface, where you can supply your payment details. Payments by e-check and credit card are accepted. A \$2.75 convenience fee applies to each online payment.

**Step 20:** 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 20: Select Payment Method. Choose Credit Card for Credit Cards and Debit Cards or Bank Account for E-Checks*

**Step 21A:** If "Credit Card" was selected. Fill out all the credit card information. Click "Continue" when finished.

**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 Card:**  
Name on Card

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

**Expiration Date:** MM / YY   **CVV: ?** CVV

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

Continue

*Step 21A: Fill out all payment information*

*Step 21A: Click "Continue" after all payment information is entered*

**Step 21B:** If “Bank Account” was selected. Fill out all the banking information. Click “Continue” when finished.

**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 21B: Fill out all payment information*

*Step 21B: Click "Continue" after all payment information is entered*

**Step 22A:** Confirm that all the information is correct and input your email address, so you receive your payment confirmation.

**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**  
Email Address   

I agree to the Terms and Conditions

*Step 22A: Confirm all information is correct*

*Step 22A: Input Confirmation*



**Step 22B:** 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 22B: Click "I agree to the Terms and Conditions"*

*Step 22B: Click "Make a Payment"*

**Step 23:** 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 23: 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](http://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**