



Understanding the Registry

Updating Your Address for an Approved Card

Once your application has been approved, you can update your address at any time. There is a \$15 processing fee, which includes the address change and a new Medical Marijuana Use Registry Identification Card. Updating your address will not change your expiration date or affect your ability to obtain your Medical Marijuana orders. **Submitting an Address Change Application will not renew your 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>).

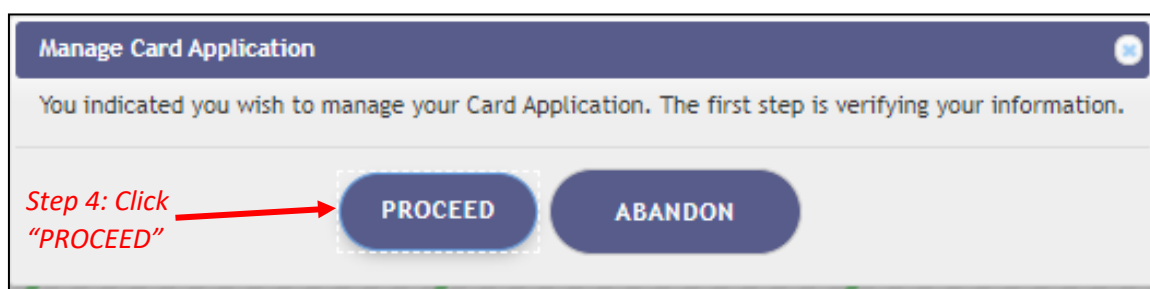
Step 2: Navigate to the “YOUR CARD” menu option at the top of the page to view your Application History page.





Step 3: Click “UPDATE ADDRESS.”



Step 4: A prompt will appear to indicate you wish to manage your card application. Click “PROCEED.”



Step 5: After clicking “PROCEED,” you are brought to the Import Information page. Here, you are shown a side by side view of your current information, and the new information that you will be importing from the Florida Department of Highway Safety and Motor Vehicles’ (FLHSMV) demographic database. Please verify the new information is correct and 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

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

Step 5: Click “APPLY” → [APPLY](#) [GO BACK](#)

Step 6: A prompt will appear for you to confirm to apply the information to your card application.

Apply to your Card Application?

Proceeding will update your Card Application with the information shown.

[GO BACK](#) [APPLY](#)

Step 6: Click “APPLY”

The picture is returned to the application from your previously approved card application.

Step 7: The next step will be to upload a copy of your Florida Driver License or Florida ID Card under the Proof of Residence section. Scroll down to the section titled “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 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.

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"*

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 Residence 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.

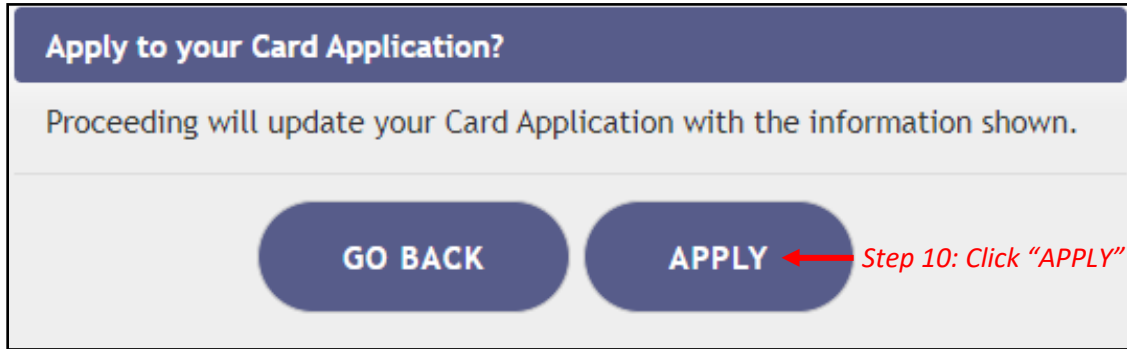
GO BACK **PROCEED** ← *Step 8A: Click "PROCEED"*

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

Current Information:	Updated Information:
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

APPLY ← *Step 9: Click "APPLY"*

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



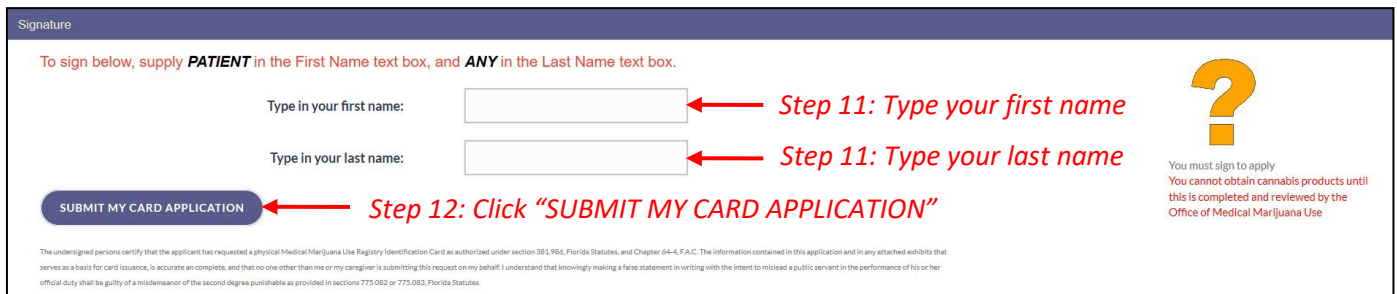
**You may supply a photo from your device. Please note that by using the FLHSMV sourced data may cut down on processing time, while supplying your own photo may increase the processing time.*

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>).

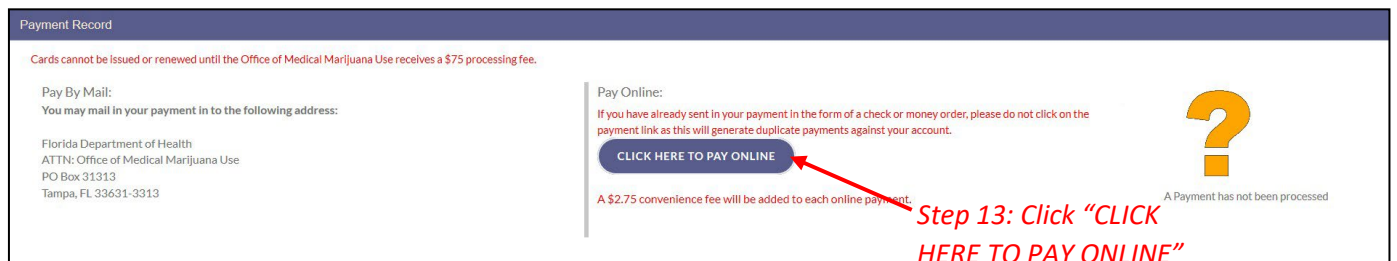
For instructions on uploading proof of residence from a mobile device, see our [Uploading Residency Documents from a Mobile Device](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

Step 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.”



Step 13: Click the button that says, “CLICK HERE TO PAY ONLINE,” which will appear after you submit your card application.



Step 14: 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 15: Select Method of Payment. 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 : \$17.75

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 \$17.75

Continue

Step 15: Select Payment Method. Choose Credit Card for Credit Cards and Debit Cards or Bank Account for E-Checks

Step 15A: If "Credit Card" was selected. Fill out all the credit card 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 : \$17.75

Select Payment Method
Credit Card Bank Account

Name on Card:
Name on Card

Credit Card Number:
Credit Card Number

Expiration Date: CVV: ?
MM / YY CVV

Continue

Step 15A: Fill out all payment information

Step 15A: Click "Continue" after all the above information is fill out

Step 15B: If “Bank Account” was selected. Fill out all the banking information. Click “Continue” when finished.

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1 Payment Details 2 Confirm Payment 3 Payment Complete

Select Payment Amount
 AMOUNT DUE : \$17.75

Select Payment Method
 Credit Card Bank Account

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$17.75

Name on Bank Account:

Account Type:

Routing Number: ?

Account Number: ?

Step 15B: Fill out all payment information

Step 15B: Click "Continue"

Step 16: 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

PATIENT ID
DATE OF BIRTH
PAYMENT METHOD
PAYMENT AMOUNT

Confirmation Email

I agree to the Terms and Conditions

Step 16: Confirm all information is correct

Step 16: Input Confirmation Email

Step 16A: 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.
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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 16A: Click "I agree to the Terms and Conditions"

Step 16A: Click "Make a Payment"

Step 17: 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 17: 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](https://knowthefactsmmj.com/mmtc) 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