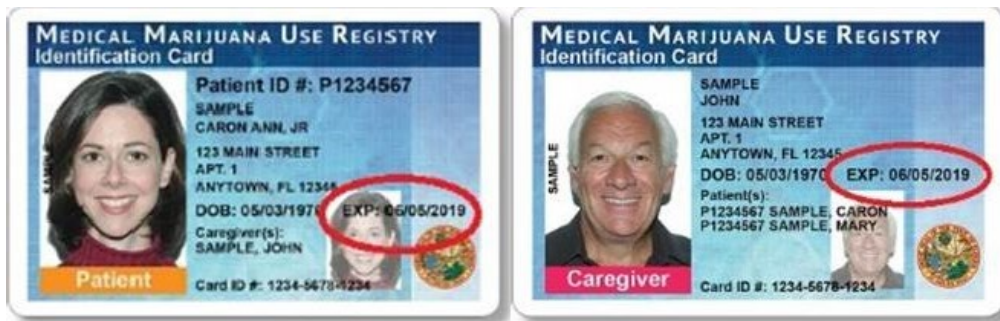




Understanding the Registry

Patient Application Instructions

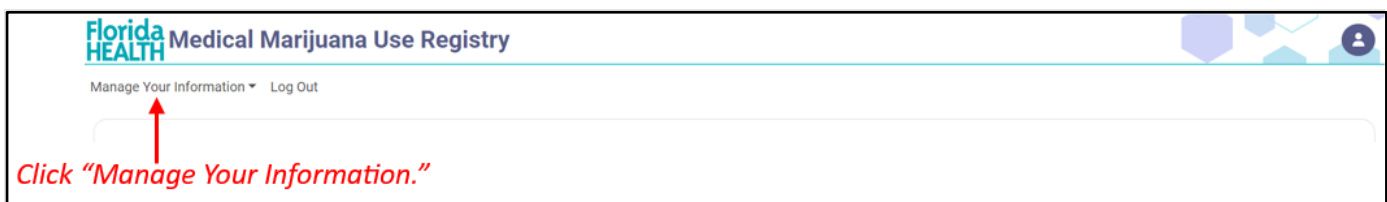
Once your qualified physician has entered your information into the Medical Marijuana Use Registry (Registry), you will be able to apply for your Registry Identification Card. The quickest and easiest way to apply for your ID card is online through the Registry. Follow the steps below to complete your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



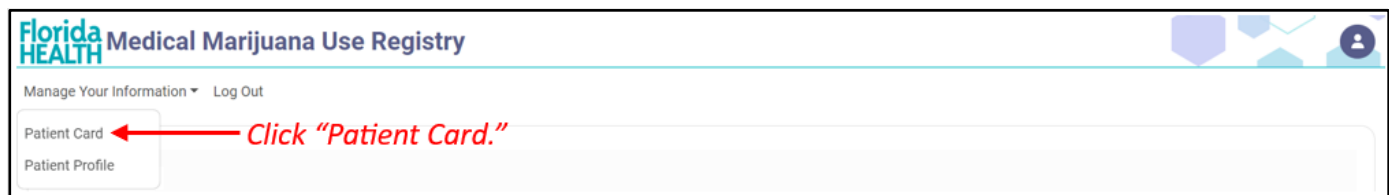
Step 1: Log into the Medical Marijuana Use Registry, MMURegistry.FLHealth.gov.

**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 “Patient 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 patient in the Registry.

STANDARD PATIENT

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 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.

Patient Applications for: TYPICAL PATIENT

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	<div>View</div>

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.

Patient Applications for: TYPICAL PATIENT

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	<div>View</div>

Click “Update Address.”

Step 5:

If you are completing an **Initial Application**, a pop-up appears for you to confirm starting your application. Click “Continue.” 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.”ContinueClose

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.”ProceedAbandon

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.

Patient Profile for: TYPICAL PATIENTPatient Number: P1TK7189

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: PATIENT

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.”ApplySupply ManuallyGo 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.”

This is an Initial Application for STANDARD PATIENT

Application for: STANDARD PATIENT (Patient)

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.”

This is an Initial Application for STANDARD PATIENT

Application for: STANDARD PATIENT (Patient)

My Applications

Getting Started

Demographics

Photo

Proof of Residency

Signature

Payment

Demographics

First Name: STANDARD

Last Name: PATIENT

Middle Initial: Z

Primary Phone: 123-456-7980

Email Address: test.patient00009@gmail.com

Date of Birth: 1/1/1990

Patient Number: P3XH7396

Patient Weight: 200 lbs

Gender: Male

Address 1: 123 TEST ADDRESS

Address 2:

City: TEST CITY

County: Leon

Zip Code: 12345

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

Click “Update my Information” IF there are changes needed. → [Update My Information](#)

[Go Back](#) [Continue](#) ← 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.

Initial Application for: STANDARD PATIENT (Patient)

My Applications

- Getting Started
- Demographics
- Photo**
- Proof of Residence
- Signature
- Payment

Photo

192 • 192

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

Go Back

Continue

Click “Supply a Photo.”

Click to view the photo requirements.

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.

Image Source

Would you like to use the photo we receive from FLHSMV as part of your card application? Note that FLHSMV is a trusted electronic source and data supplied from FLHSMV is preapproved for use in the MMUR ID Card application process.

Supplying your own photo instead of importing one from FLHSMV may increase the processing time for your application.

Click “Cancel” to return to the Photo screen.

Cancel

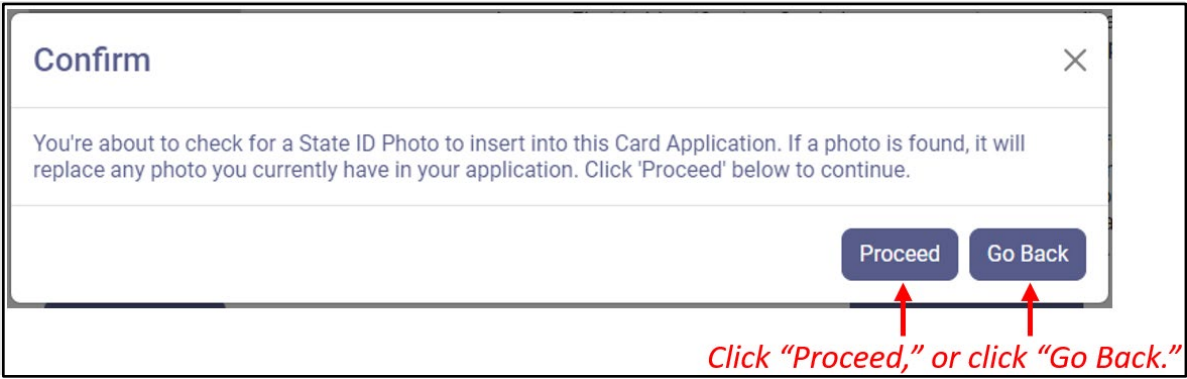
Check State ID Photo

Supply My Own

Click “Check State ID Photo,” or, click “Supply My Own.”

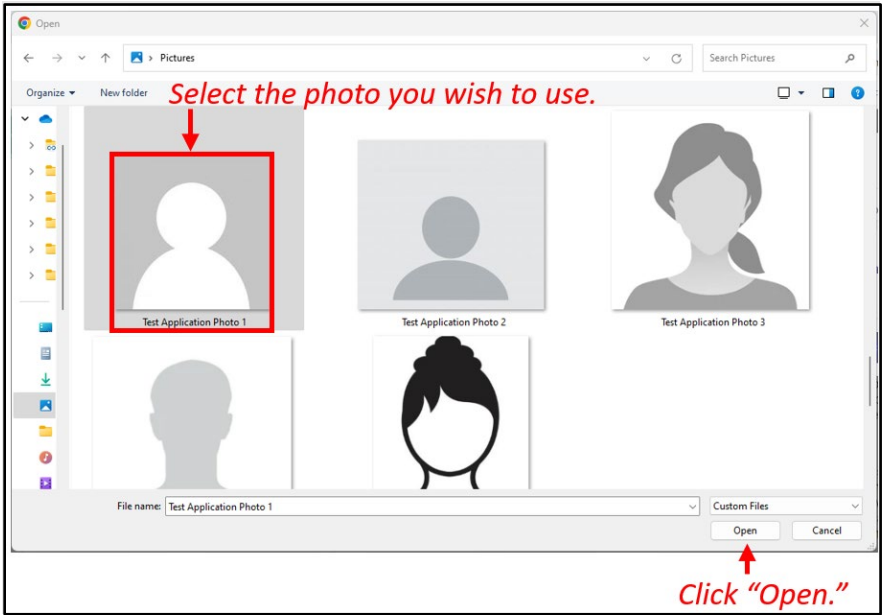
PT 05/2025

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.

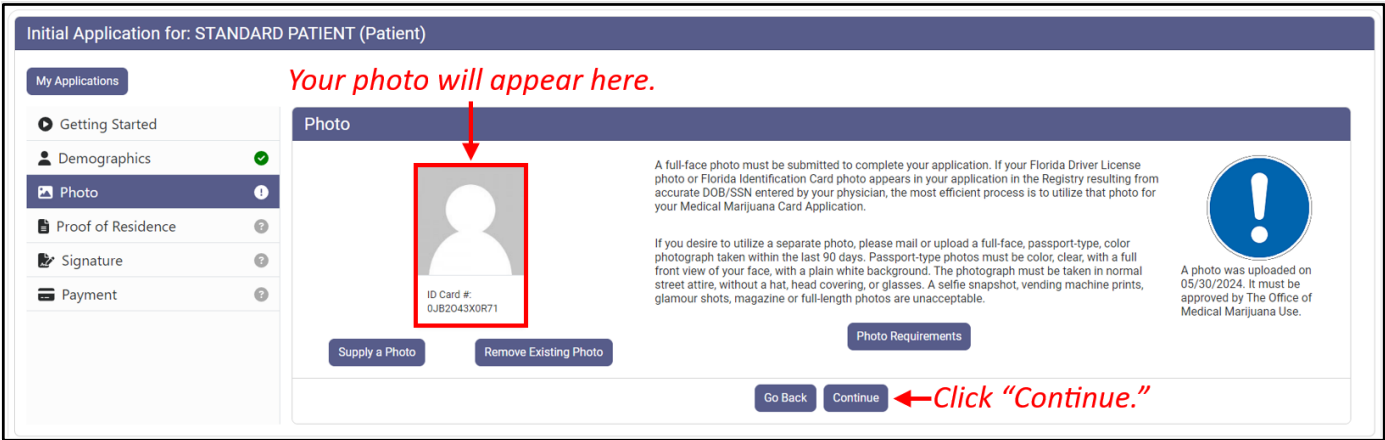


Review the photo pulled from FLHSMV. If you are satisfied with the photo, click “Continue” to move to the next screen.

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.



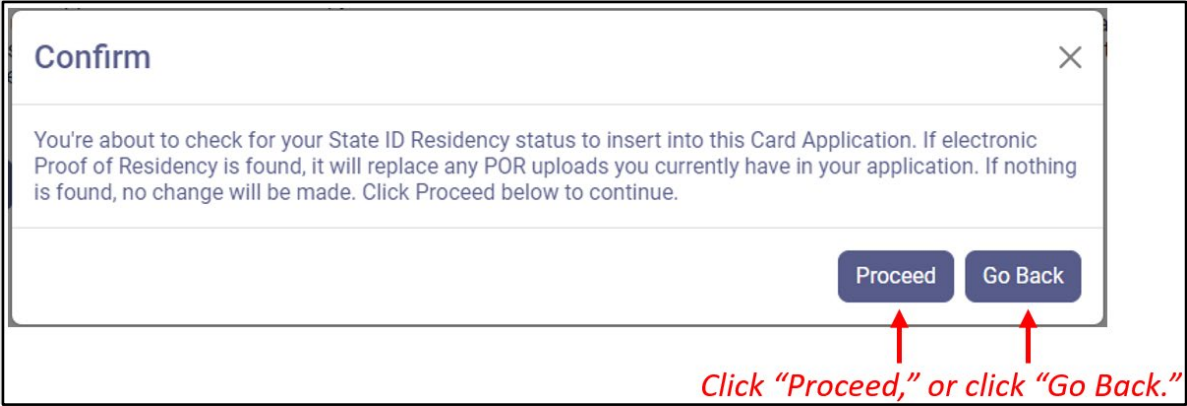
Step 11: You are brought to the Proof of Residency screen. Here, you must provide documentation to prove your Florida residency. Click “Supply Proof” to either pull your State Residency Information from FLHSMV, or manually upload your own proof of residency documents for your application.

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

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.

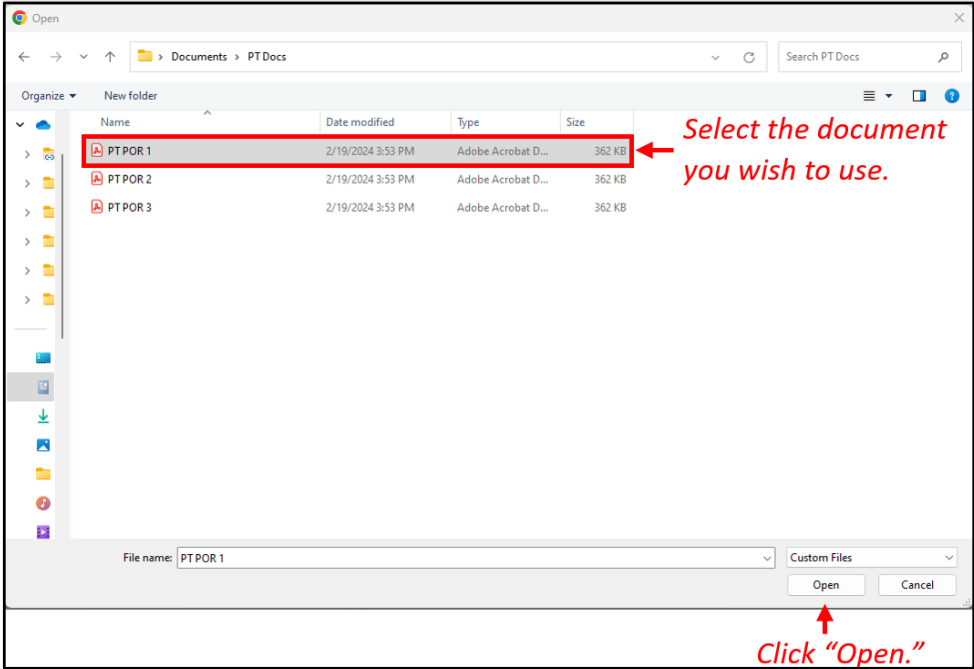
Using FLHSMV will automatically approve the proof of residency and will cut down on processing time, while supplying your own proof of residency documents will increase the processing time.

Step 12a: If you clicked “Check State Residency Status,” a pop-up appears for you to confirm pulling your residency information from FLHSMV.



Review the information pulled from FLHSMV. If the information is correct, click “Proceed.” 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.

Initial Application for: STANDARD PATIENT (Patient)

My Applications

Getting Started

Demographics

Photo

Proof of Residence

Signature

Payment

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 1 document(s).

Upload File

PT_POR.1.pdf was uploaded on 05/30/2024 11:40 AM for the Office of Medical Marijuana Use, to use as your Proof of Residence for the ID card.

Remove

Go Back

Continue

!

A document was uploaded.

File will appear here.

Click "Continue."

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 to correct it.

My Applications

Getting Started

Demographics

Photo

Proof of Residence

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 **STANDARD** 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

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 or of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.

?

You must sign to apply.

Summary

Uploaded Photo

First Name: STANDARD

Last Name: PATIENT

Middle Initial: Z

Primary Phone: 123-456-7980

Email Address: test.patient00009@gmail.com

Date of Birth: 1/1/1990

Patient Number: P3XH7296

Patient Weight: 200 lbs

Gender: Male

Address 1: 123 TEST ADDRESS

Address 2:

City: TEST CITY

County: Leon

Zip Code: 12345

Uploaded Files:

PT_POR.1.pdf

Review your application information.

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

My Applications

Getting Started

Demographics

Photo

Proof of Residence

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 **STANDARD** 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

←Type in your first name.

←Type in your last name.

←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 381.986, 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 or the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Summary

Uploaded Photo

First Name:

Last Name:

Middle Initial:

Primary Phone:

Email Address:

Date of Birth:

Patient Number:

Patient Weight:

Gender:

Address 1:

Address 2:

City:

County:

Zip Code:

STANDARD

PATIENT

Z

123-456-7890

test.patient00009@gmail.com

1/1/1990

P3XH7396

200 lbs

Male

123 TEST ADDRESS

TEST CITY

Leon

12345

Uploaded Files:

[PT POR 1.pdf](#)

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

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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.

My Applications

Getting Started

Demographics

Photo

Proof of Residence

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 Patient Number: P3XH7396

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:STANDARD

Last Name:PATIENT

Middle Initial:Z

Primary Phone:123-456-7980

Email Address:test.patient00009@gmail.com

Date of Birth:1/1/1990

Patient Number:P3XH7396

Patient Weight:200 lbs

Gender:Male

Address 1:123 TEST ADDRESS

Address 2:

City:TEST CITY

County:Leon

Zip Code:12345

Uploaded Files:

PT POR 1.pdf

Go Back

Continue

!

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

Application appears as "Submitted."

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 Patient ID Number on the memo line! Cash is not accepted.

Initial Application for: STANDARD PATIENT (Patient)

My Applications

Getting Started

Demographics

Photo

Proof of Residence

Signature

Payment

Payment Record

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a \$75 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 the applicant to mail a check or money order made payable to the Florida Department of Health totaling the original application fee plus the \$15 service fee to our card application processing center.

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 payment.


Go Back

?

A Payment has not been processed.

Click "Click Here to Pay Online."

Step 18: After clicking “Click Here to Pay Online,” 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.



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:

Account Type:

Select an option...

Routing Number: ?

Account Number: ?

Continue

My Account Details

PATIENT ID


DATE OF BIRTH

ADDRESS

AMOUNT DUE \$77.75

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

Step 18a: If “Credit Card” was selected, fill out all the credit card information. Click “Continue” when finished.



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:

Credit Card Number:

VISA

M.C.

DISCOVER


AMERICAN EXPRESS

Expiration Date:

MM / YY

CVV: ?

CVV



Continue

My Account Details

PATIENT ID

DATE OF BIRTH


ADDRESS

AMOUNT DUE \$77.75

Fill out all payment information.

Click “Continue” after all payment information is entered.

Step 18b: If “Bank Account” was selected, fill out all the banking information. Click “Continue” when finished.



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:

Account Type:

Select an option...

Routing Number: ?

Account Number: ?

Continue

My Account Details

PATIENT ID

DATE OF BIRTH


ADDRESS

AMOUNT DUE \$77.75

Fill out all payment information.

Click "Continue" after all payment information is entered.

Step 19: Review the payment details and enter your email address.



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

DATE OF BIRTH

PAYMENT METHOD

PAYMENT AMOUNT

Confirmation Email

☐ I agree to the Terms and Conditions

Cancel


Make a Payment

Confirm all information is correct.

Input Confirmation Email.

PT 05/2025

Step 20: Review the Terms and Conditions and click the box confirming you agree to them. Then, click “Make a Payment.”



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

DATE OF BIRTH

PAYMENT METHOD

PAYMENT AMOUNT

Confirmation Email

Email Address

☐ I agree to the Terms and Conditions

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

Click “I agree to the Terms and Conditions.”

Click “Make a Payment.”

Step 21: Click “Print for your Records” to print the confirmation of the payment.

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

PATIENT ID

DATE OF BIRTH

PAYMENT DATE

PAYMENT METHOD

CONFIRMATION EMAIL

PAYMENT AMOUNT

Print for your Records

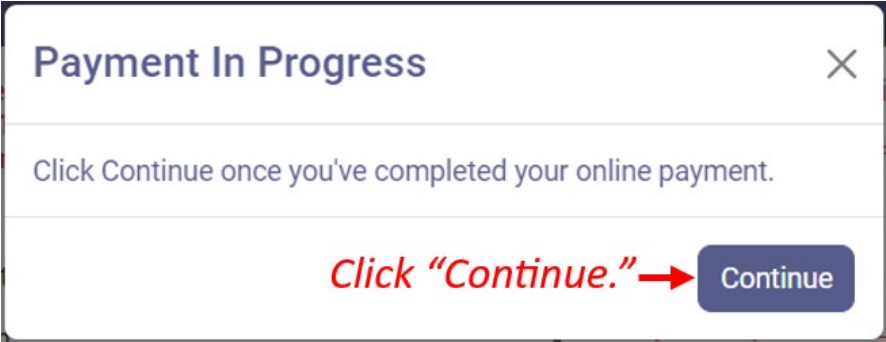
Click “Print for your Records.”

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

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.



Your application will now show as “Submitted.” There is nothing further for you to complete at this time.

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](#) guide on our website: [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](#).

For additional information, visit
KnowTheFactsMMJ.com