



Understanding the Registry Caregiver Application Instructions

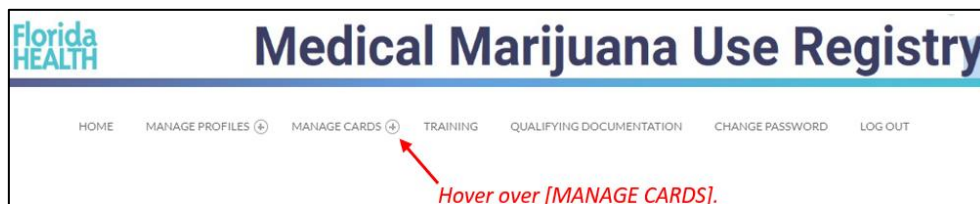
This user guide explains the steps for completing applications (Initial, Renewal, and Change of Address) in the Medical Marijuana Use Registry. To receive or maintain an active Medical Marijuana Use Registry (Registry) Identification Card, caregivers must annually submit a Registry ID Card application. 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 identification card is printed on the front of the card.



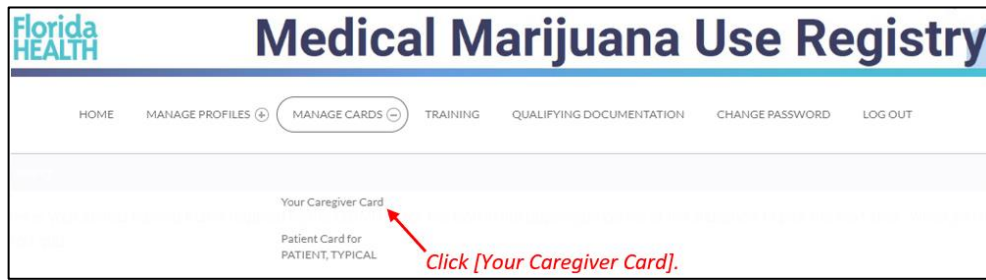
Step 1: Log into the Medical Marijuana Use Registry, MMURegistry.FLHealth.gov/Public/Login.

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 on how to reset your password, see our [Resetting My Password](#) guide on our website, KnowTheFactsMMJ.com/Registry/#Instructional-Guides.

Step 2: Hover over the "MANAGE CARDS" menu option. A drop-down menu will expand with additional options.

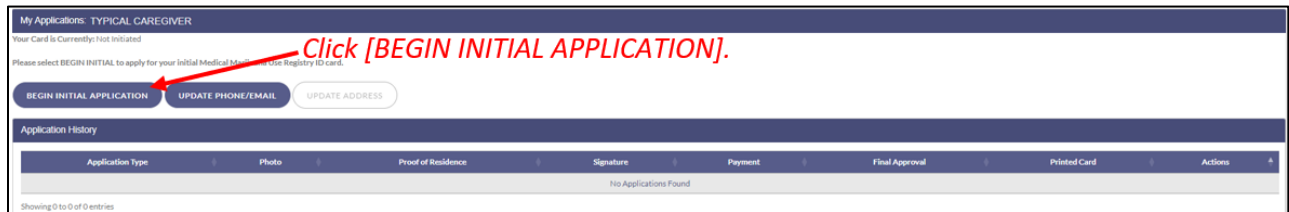


Step 3: From the drop-down menu, click “Your Caregiver Card” to navigate to the Application History page.



Step 4:

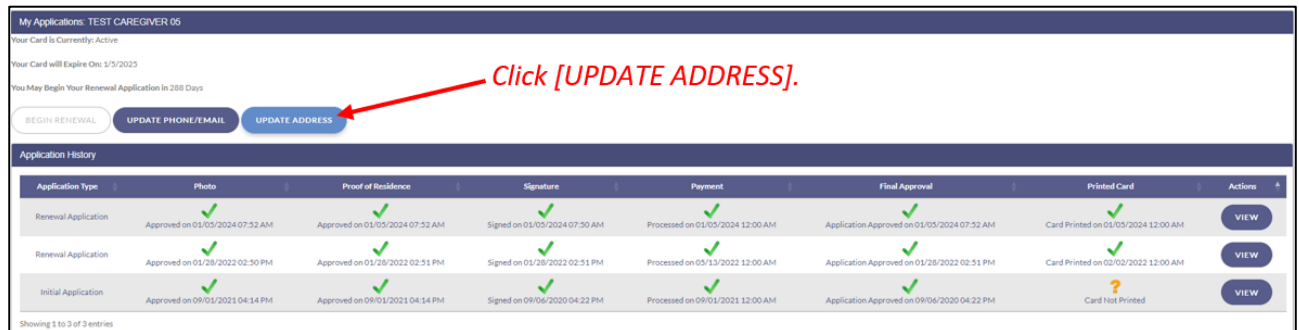
If you are beginning your **Initial Application**, click “BEGIN INITIAL APPLICATION.” You may begin your initial application immediately after becoming a qualified caregiver in the Registry.



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.



If you need to **update your address** on your card, click “UPDATE ADDRESS.” You may start a Change of Address application at any time if you already have a current, approved application.

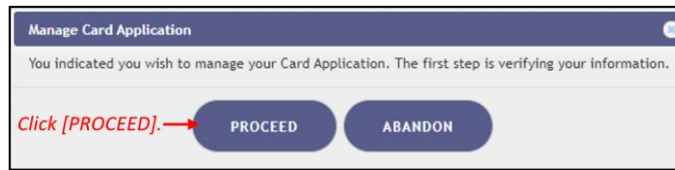


Step 5:

If you are completing an **Initial Application**, a prompt will appear for you to confirm that you wish to begin your initial application. Click “CONTINUE” to proceed to the application. **For initial application instructions, skip to Step 7 on this guide.**



If you are completing a **Renewal or Change of Address Application**, a prompt appears for you to proceed with managing your card application. Click “PROCEED” to begin your renewal or change of address application.



CONTINUE ON NEXT PAGE



Step 6: You must confirm your information if you are starting a **Renewal or Change of Address Application**. Review all data to make sure it is correct. Then click “APPLY.”

Caregiver Profile for: CAREGIVER, TYPICAL Caregiver Number: CSKK0140

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.

If you choose not to use the automatically-managed information by clicking "Supply Manually" below, you may experience longer card application processing times and will be required to upload your information manually.

Current Information:	Updated Information:
	
Last Name: CAREGIVER	Last Name: ORLINDE
First Name: TYPICAL	First Name: WULLUIM
Middle Initial:	Middle Initial: M
Date Of Birth: 11/27/1951	Date Of Birth: 11/27/1951
SSN: ****-2833	SSN: ****-2833
Florida DL or State ID #: O*****14270	Florida DL or State ID #: O*****14270
Gender: Male	Gender: Male
Address: 123 ANY ROAD	Address: 121305603 RESIDENTIAL STREET
City: ANY TOWN	City: POMPANO BEACH
County: Alachua	County: Broward
ZIP code: 12344	ZIP code: 33069-3306
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.

APPLY **GO BACK**

Verify your information is correct.

Click [APPLY] if your information is correct, or [GO BACK] if it is incorrect.

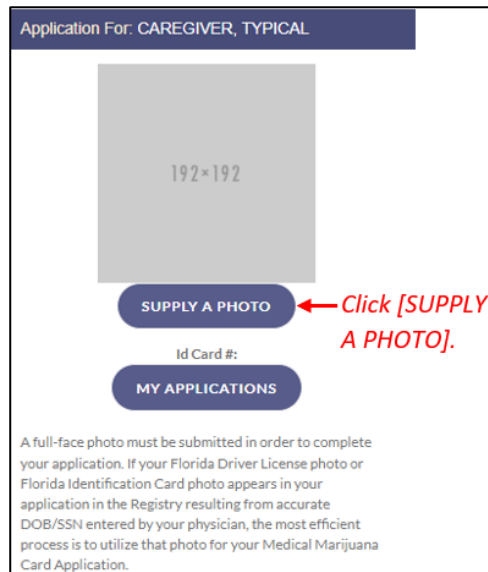
Read the confirmation message and click “APPLY” to confirm. **For Change of Address applications, skip to Step 10 as you do not need to supply a new photo.**

Apply to your Card Application?

Proceeding will update your Card Application with the information shown.

GO BACK **APPLY** *Click [APPLY].*

Step 7: You are brought to your application. Locate the photo section and click “SUPPLY A PHOTO” to supply a passport-style photo.

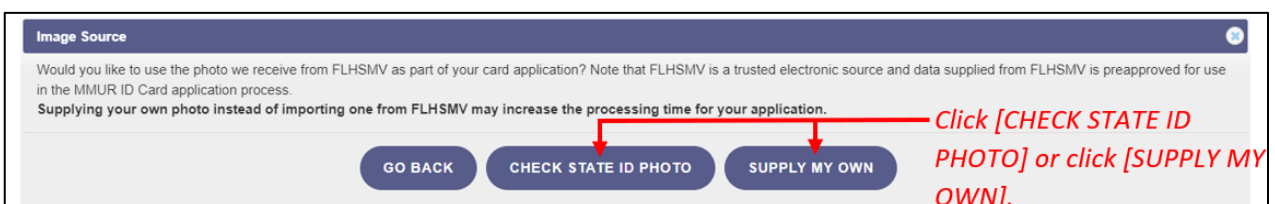


Step 8: Clicking “CHECK MY STATE ID” will upload your driver’s license photo from the Florida Department of Highway Safety and Motor Vehicles’ (FLHSMV) demographic database. Clicking “SUPPLY MY OWN” will allow you to upload your own photo from your device.

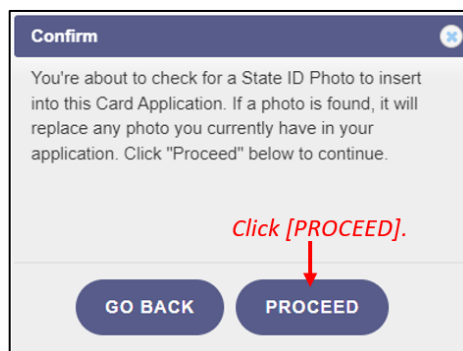
Using FLHSMV data will automatically approve the photo and may cut down on processing time, while supplying your own photo may increase the processing time.

For instructions on uploading your photo from your desktop/laptop computer, see our [Uploading a Photo from a Desktop Computer](#) guide on our website, [KnowTheFactsMMJ.com/Registry/#Instructional-Guides](#).

For instructions on uploading your photo from a mobile device, see our [Uploading a Photo from a Mobile Device](#) guide on our website, [KnowTheFactsMMJ.com/Registry/#Instructional-Guides](#).

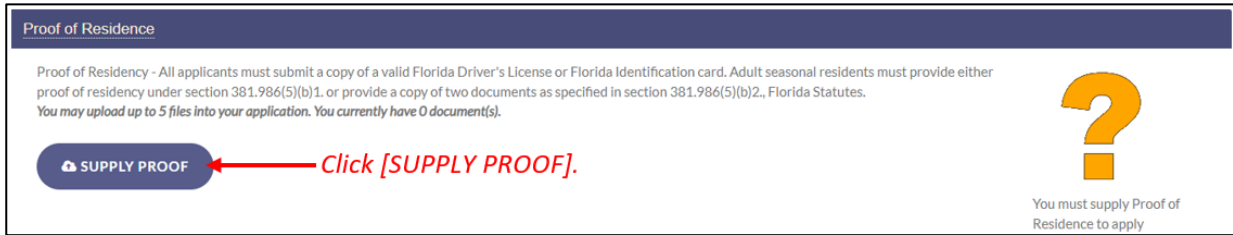


Step 9: Click “PROCEED.”



Step 10: The next step will be to upload your Proof of Residency documentation. Scroll to the section titled “Proof of Residence” and then click “SUPPLY PROOF.”

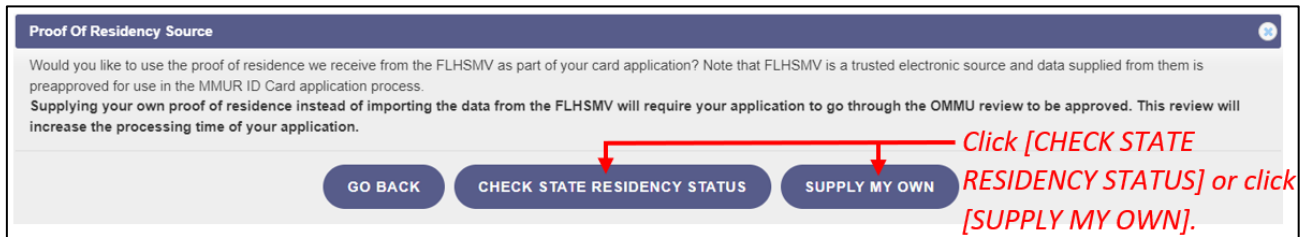
Review the [Required Proof of Residency Documentation](http://KnowTheFactsMMJ.com/Patients/Cards) on our website, KnowTheFactsMMJ.com/Patients/Cards.



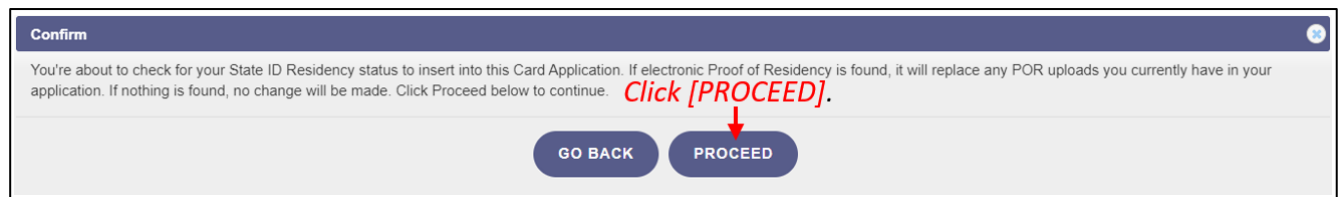
Step 11: A prompt will appear for you to choose how to supply your documentation. Click “CHECK STATE RESIDENCY STATUS” to obtain your Driver License or Florida State ID from FLHSMV. If you wish to upload your own proof of residence documentation, click “SUPPLY MY OWN.” Select the file you wish to upload 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](http://KnowTheFactsMMJ.com/Registry/#Instructional-Guides) guide on our website, 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](http://KnowTheFactsMMJ.com/Registry/#Instructional-Guides) guide on our website, KnowTheFactsMMJ.com/Registry/#Instructional-Guides.



Step 12: Click “PROCEED.”





Step 13: Review all data to make sure it is correct. Then click “APPLY.” If you see that your information is not correct, click “GO BACK,” to return to your application so you may update the information on your profile.

Caregiver Profile for: CAREGIVER, TYPICAL Caregiver Number: C8KK0140

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.

If you choose not to use the automatically-managed information by clicking “Supply Manually” below, you may experience longer card application processing times and will be required to upload your information manually.

Current Information:	Updated Information:
	
Last Name: CAREGIVER	Last Name: ORLINDE
First Name: TYPICAL	First Name: WULLUIM
Middle Initial:	Middle Initial: M
Date Of Birth: 11/27/1951	Date Of Birth: 11/27/1951
SSN: ****-2833	SSN: ****-2833
Florida DL or State ID #: O*****14270	Florida DL or State ID #: O*****14270
Gender: Male	Gender: Male
Address: 123 ANY ROAD	Address: 121305603 RESIDENTIAL STREET
City: ANY TOWN	City: POMPANO BEACH
County: Alachua	County: Broward
ZIP code: 12344	ZIP code: 33069-3306
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.

Verify your information is correct. (Arrow pointing to the current information table)

Click [APPLY] if your information is correct, or [GO BACK] if it is incorrect. (Arrows pointing to the APPLY and GO BACK buttons)

Step 14: 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** (Arrow pointing to the APPLY button with text: **Click [APPLY].**)

Step 15: Electronically sign your application. Scroll to the bottom of the page to the signature section to type in your first and last name in the boxes provided. Then, click “SUBMIT MY CARD APPLICATION.”

Signature

To sign below, supply **TYPICAL** in the First Name text box, and **CAREGIVER** in the Last Name text box.

Type in your first name:

Type in your last name:

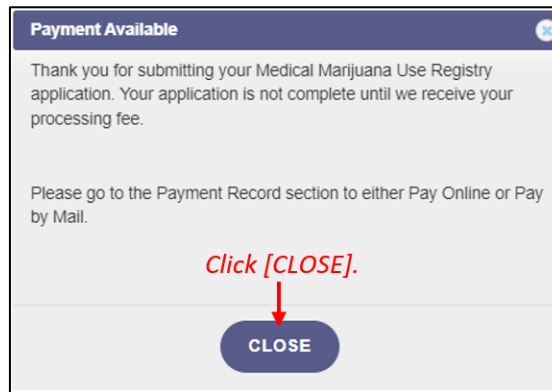
SUBMIT MY CARD APPLICATION (Arrow pointing to the button with text: **Click [SUBMIT MY CARD APPLICATION].**)



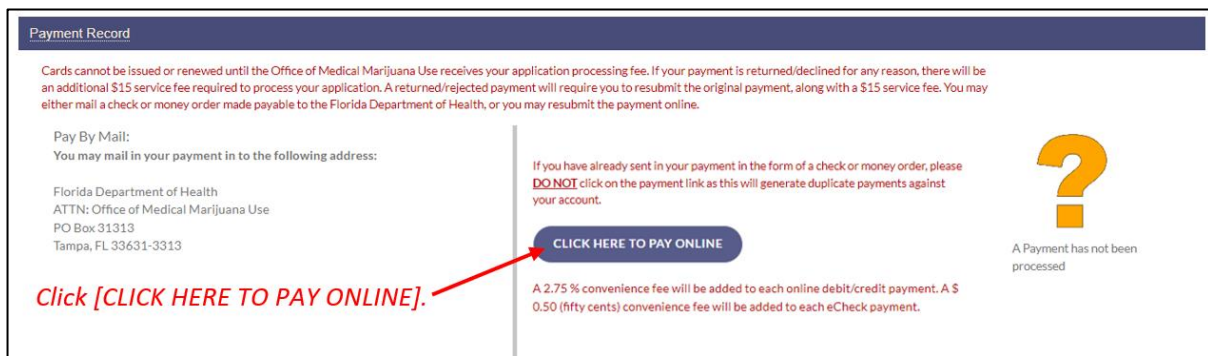
You must sign to apply
Any minor patients you represent cannot obtain cannabis products until this is completed and reviewed by the Office of Medical Marijuana Use

The undersigned persons certify that the applicant has requested a physical Medical Marijuana Use Registry Identification Card as authorized under section 383.956, Florida Statutes, and Chapter 44-4, 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.

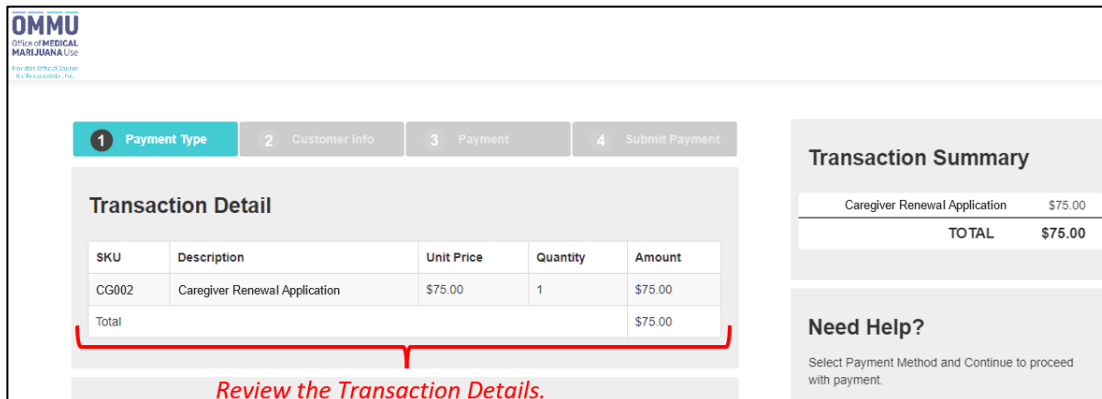
Step 16: A pop-up message will appear, stating that the application is not complete until you submit the processing fee. Click "CLOSE."



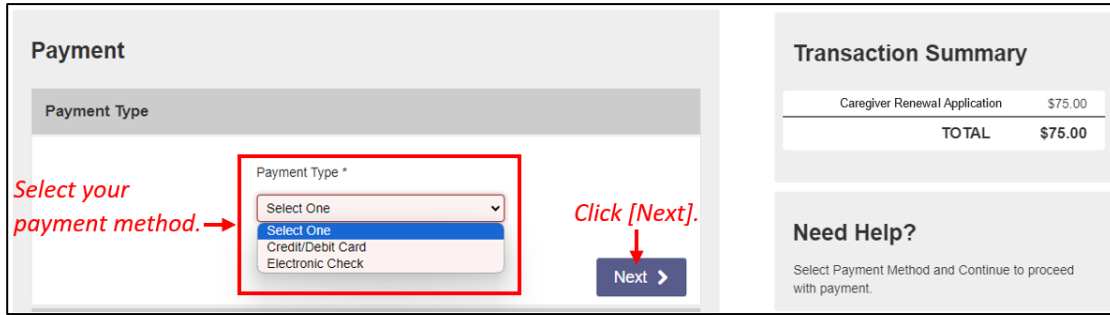
Step 17: Scroll to the payment record section of the application and click "CLICK HERE TO PAY ONLINE."



Step 18: A new window will open containing the check-out page. Review your 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

Payment Type *

Select One

Select One

Credit/Debit Card

Electronic Check

Select your payment method. →

Click [Next].

Next >

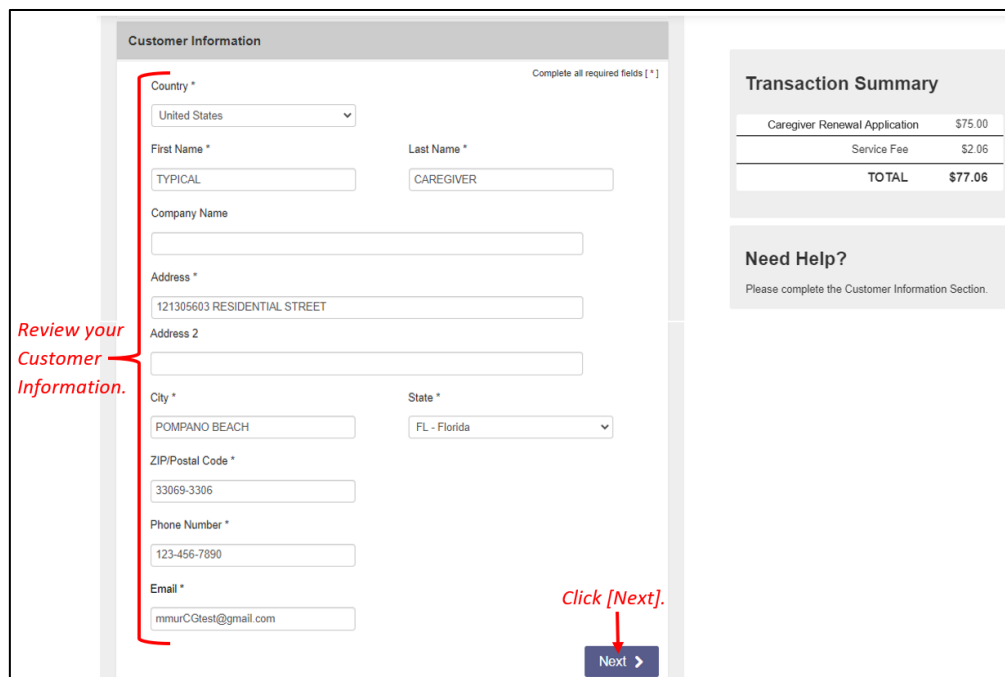
Transaction Summary

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

Complete all required fields [*]

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.”

The screenshot shows a 'Payment Information' form with the following fields and values:

- Credit Card Number: 4111111111111111
- Credit Card Type: VISA
- Expiration Month: 11 - November
- Expiration Year: 2025
- Security Code: 123
- Name on Credit Card: Test Caregiver
- Payment Address is the same as Customer Information:

Red annotations include a bracket on the left side of the form labeled 'Enter your payment details.' and a red arrow pointing to the 'Next >' button labeled 'Click [Next].'

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

The screenshot shows a payment confirmation screen with the following information:

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: (with an 'Edit' button)

Credit Card: Visa ****1111, Exp. 11/2025

Name on Credit Card: Test Caregiver

Red annotations include a red arrow pointing to the 'Submit Payment' button labeled 'Click [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.

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 the Medical Marijuana Use Registry.

OMMU
OFFICE OF MEDICAL MARIJUANA USE
REGISTRY

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

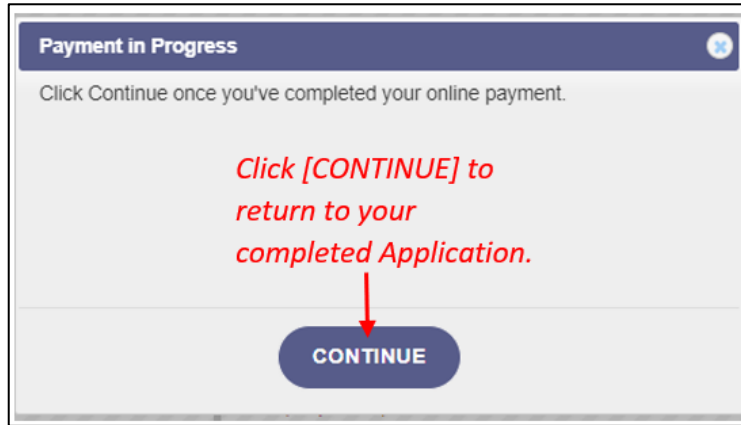
Billing Information

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](#)

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



You can check the status of your application as it is being reviewed. To learn what each status icon means, review the [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 can be found on our website, [KnowTheFactsMMJ.com/MMTC](https://www.knowthefactsmmj.com/MMTC).

For additional information, visit
KnowTheFactsMMJ.com