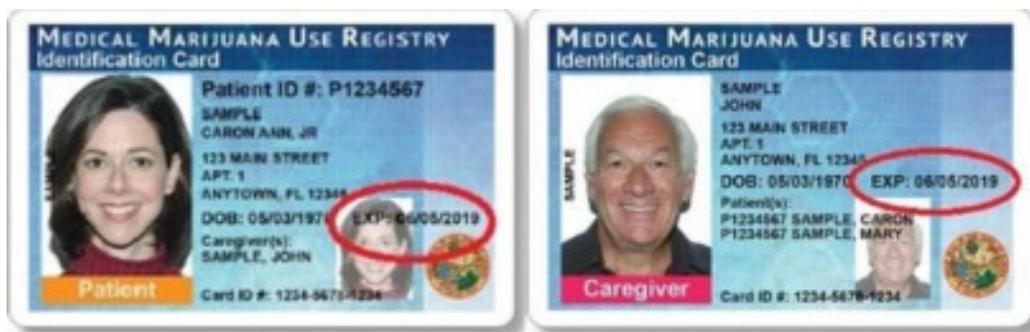


## Understanding the Registry

### Patient and Caregiver Renewal Instructions

#### No Suitable Match in Florida Highway Safety and Motor Vehicle Database

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>).

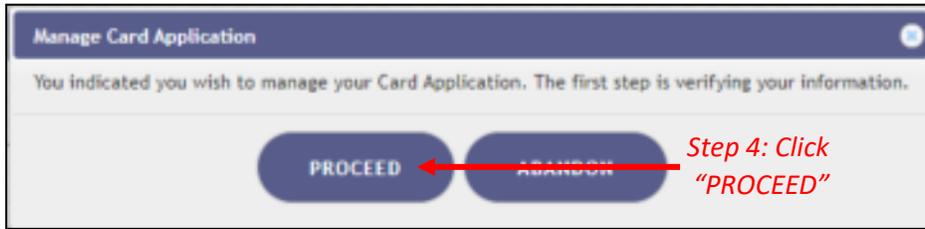
**Step 2:** Navigate to the “YOUR CARD” menu option at the top of the page to view your Application History page.



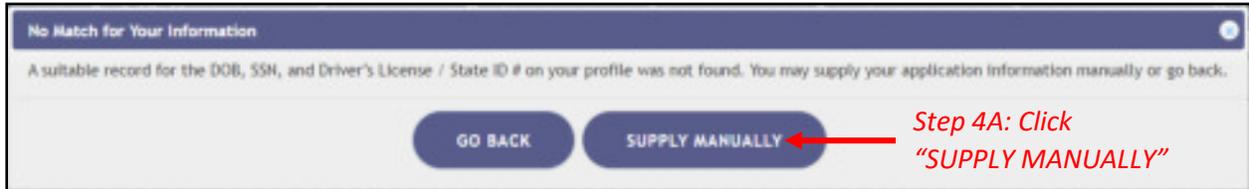
**Step 3:** Click “BEGIN RENEWAL” or “UPDATE ADDRESS” depending on which application you want to start. You may start a renewal application **45 days** prior to your card’s expiration date. The number of days until you can begin a renewal application will be listed on this page. If your previous card is still valid, renewing your card will not affect your ability to obtain products.



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



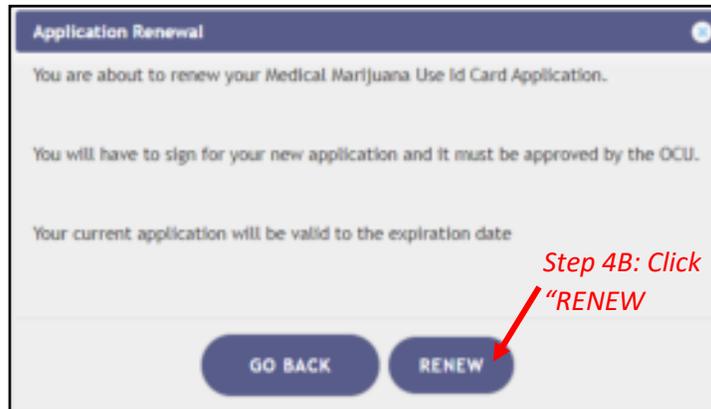
**Step 4A:** Click "SUPPLY MANUALLY."



Depending on the type of application you requested, you will get one of two prompts:

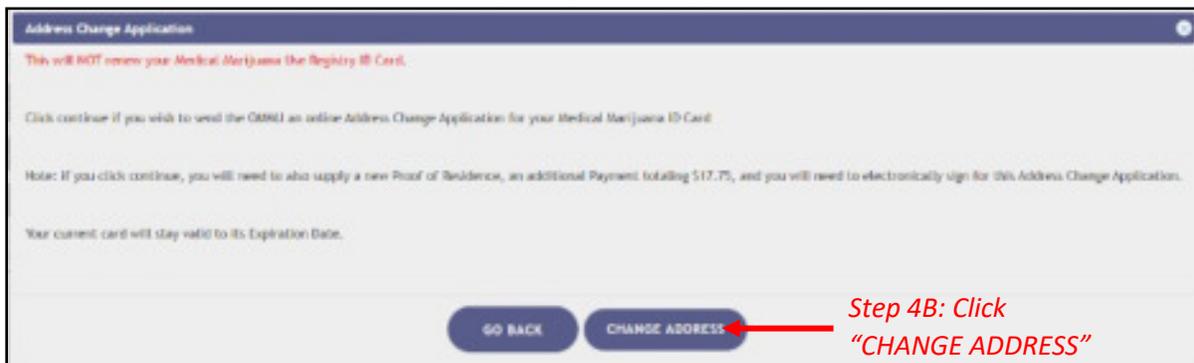
**Step 4B:** Click "RENEW" for a renewal application or click "CHANGE ADDRESS" for a change of address application.

#### **RENEW**



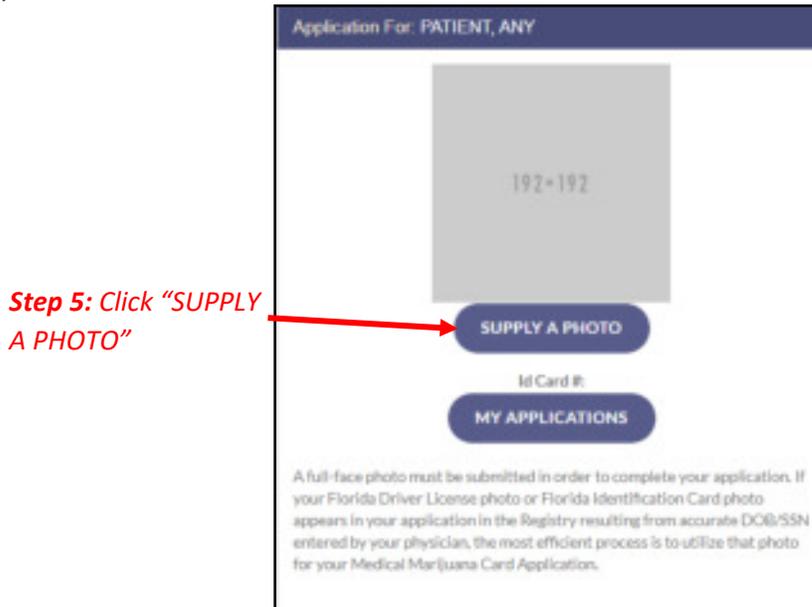
**OR**

#### **CHANGE ADDRESS**

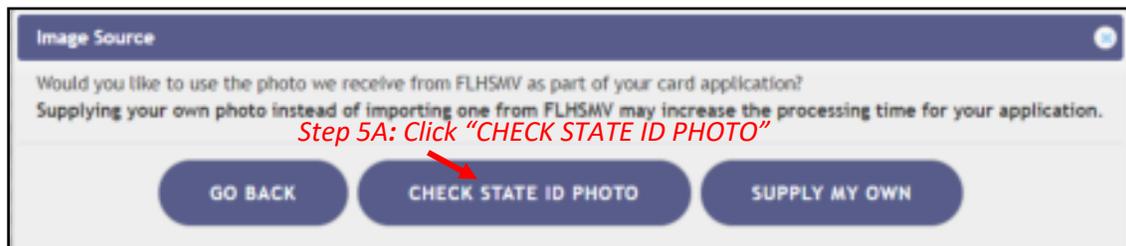


**Step 5:** Click “SUPPLY A PHOTO” to either supply your State ID photo, or to supply your own passport-style photo to your application.

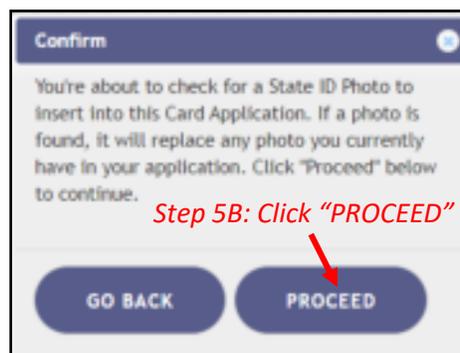
*Change of Address applications will have the photo previously approved by the Medical Marijuana Use Registry. Proceed to Step 6.*



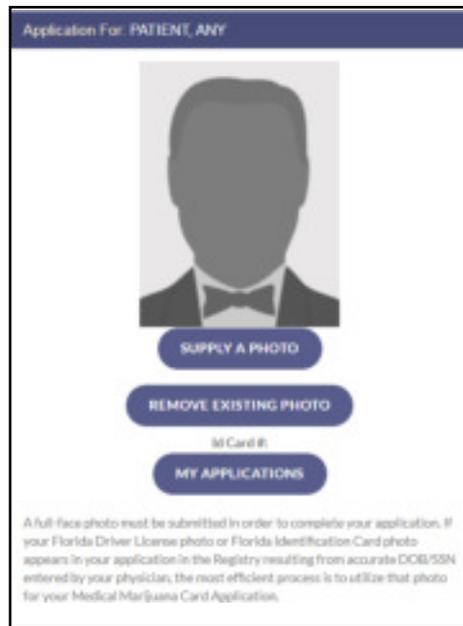
**Step 5A:** A prompt appears for you to either check for your Florida State ID photo or to supply your own passport-style photo. Clicking “CHECK MY STATE ID” will upload your driver’s license photo from the Florida Department of Highway Safety and Motor Vehicles’ (FLHSMV) demographic database. Clicking “SUPPLY MY OWN” will allow you to upload your own photo from your device. *(Using 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.)*



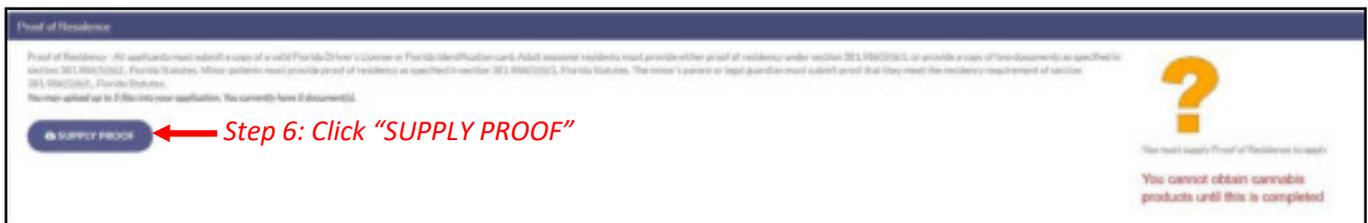
**Step 5B:** Read the prompt and click “PROCEED” to continue.



The photo from FLHSMV will be displayed on your application. The photo is automatically approved when using FLHSMV to supply your application.



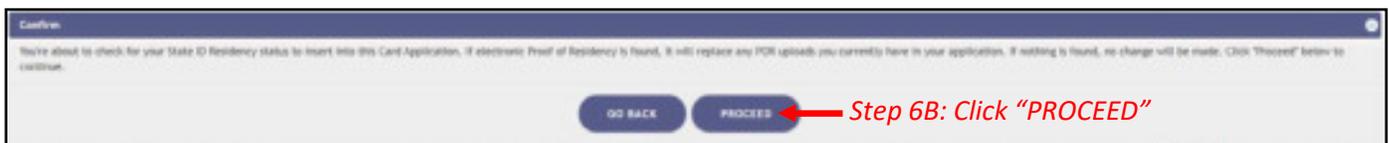
**Step 6:** Scroll down to the section titled “Proof of Residence” and then click “SUPPLY PROOF.”



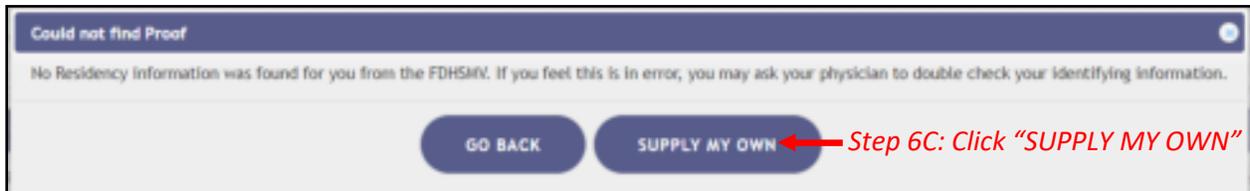
**Step 6A:** A prompt will appear for you to choose how to supply your documentation. Click “CHECK STATE RESIDENCY STATUS” to obtain your Driver License or Florida State ID from FLHSMV. If you wish to upload your own proof of residency documents, click “SUPPLY MY OWN.” Select the file you wish to upload and click “OPEN.” The document will appear below the “SUPPLY RESIDENCE” button.



**Step 6B:** Click “PROCEED.”



**Step 6C:** Prompt appears stating a suitable record was not located. Click “SUPPLY MY OWN.”

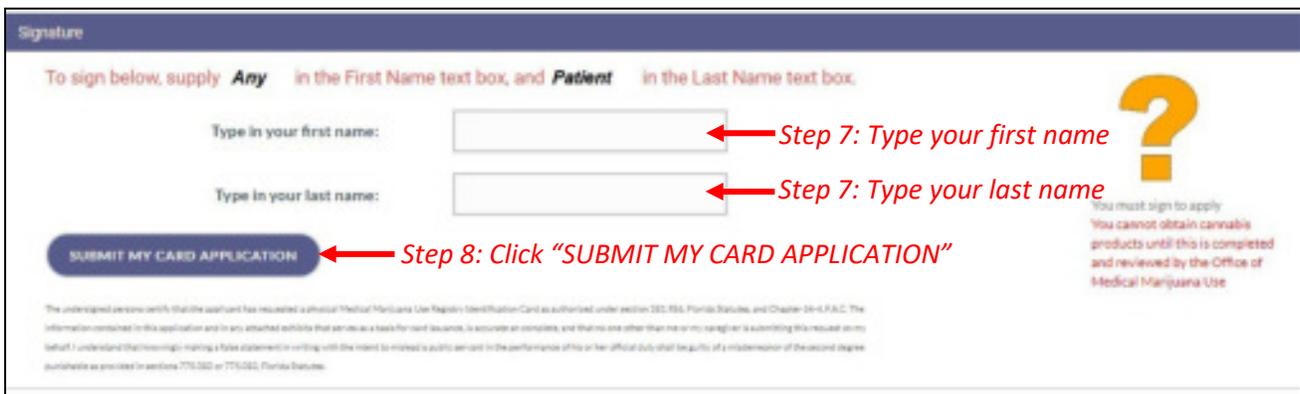


For step-by-step instructions on uploading your photo from your desktop/laptop computer, see our [Uploading a Photo from a Desktop Computer](https://knowthefactsmmj.com/registry/#instructional-guides) on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

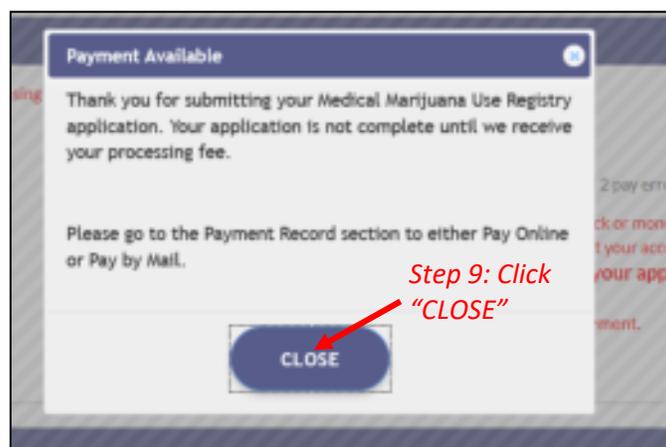
For instructions on uploading your photo from a mobile device, see our [Uploading a Photo from a Mobile Device](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

**Step 7:** 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 8:** Click “SUBMIT MY CARD APPLICATION.”



**Step 9:** A pop-up message will appear, stating that the application is not complete until you submit the processing fee. Click “CLOSE.”



**Step 10:** Click the button that says, “CLICK HERE TO PAY ONLINE,” which will appear after you submit your card application.

**Step 11:** 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 12:** Select Method of Payment. Currently credit cards, debit cards and e-checks are acceptable payment.

**Step 12A:** 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

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

Name on Card:  
Name on Card

Credit Card Number:  
Credit Card Number

Expiration Date:  
MM / YY

CVV: ?  
CVV

Continue

*Step 12A: Fill out all payment information*

*Step 12A: Click "Continue" after all payment information is entered*

**Step 12B:** If “Bank Account” was selected, fill out all the banking information. Click “Continue” when finished.

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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

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

Name on Bank Account:  
Name on Bank Account

Account Type:  
Select an option...

Routing Number: ?  
Routing Number

Account Number: ?  
Account Number

Continue

*Step 12B: Fill out all payment information*

*Step 12B: Click "Continue" after all payment information is entered*

**Step 13:** Confirm that all the information is correct and input your email address to receive a payment confirmation.

**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

DATE OF BIRTH

PAYMENT METHOD

PAYMENT AMOUNT

Confirmation Email

Email Address

I agree to the Terms and Conditions

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

*Step 13: Confirm all information is correct*

*Step 13: Input Confirmation Email*

**Step 13A:** 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

DATE OF BIRTH

PAYMENT METHOD

PAYMENT AMOUNT

Confirmation Email

Email Address

I agree to the Terms and Conditions

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

*Step 13A: Click "I agree to the Terms and Conditions"*

*Step 13A: Click "Make a Payment"*

**Step 14:** Click “Print for your Records” to print the confirmation of the payment.

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 14: 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**