

# Medical Marijuana Use Registry Identification Cards



Florida HEALTH Medical Marijuana Use Registry

Manage Your Information Log Out

Patient Card ← *Click "Patient Card."*

Patient Profile

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	View

*Click "Begin Renewal."*

Florida HEALTH Medical Marijuana Use Registry

Manage Your Information Log Out

Renewal Application for: [Redacted] (Patient)

My Applications Cancel Application

Getting Started ←

- Application Information ✓
- Passport-Style Photo ?
- Proof of Residency ?
- Review & Signature ?
- Application Payment ?

**Getting Started**

You are starting a Renewal Application for a Medical Marijuana Use Registry ID card (ID Card). In order to complete your application, you will need to provide information for each section listed below. After reviewing and providing the required information for each section, click "Continue" to move to the next section.

1. Application Information
2. Passport-Style Photo
3. Proof of Residency
4. Review & Signature
5. Application Payment

Your Passport-Style Photo and Proof of Residency information can be pulled from the Florida Department of Highway Safety and Motor Vehicles (FLHSMV), or it can be uploaded manually. Using your FLHSMV information will result in the quickest application approval time. Please confirm the information pulled from FLHSMV is correct before submitting your application. You will have the opportunity to review your application information on the next screen.

Begin Application

# STEP-BY-STEP: HOW TO RENEW YOUR MEDICAL MARIJUANA ID CARD

My Applications

Cancel Application

Getting Started

Application Information

Passport-Style Photo

Proof of Residency

Review & Signature

Application Payment

## Application Information

Displayed on this screen is the information the Office of Medical Marijuana Use (OMMU) has on file for your application. If the information is correct, please click "Continue." If the information is incorrect, please click "Update My Information" to either pull your information from FLHSMV, or change your information manually.

The information shown will be printed on your ID Card. Your ID Card will also be mailed to the address shown below. If the information pulled from FLHSMV is incorrect, please contact FLHSMV to have this information changed before continuing to the next section.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

Gender: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Review the information  
then click "Continue"**

Update My Information

**Please note:** If the information displayed is incorrect, and the ID Card is approved, printed, and mailed out with the incorrect information, there will be additional fees associated with updating your information and mailing out a new ID card. Please also note that grounds for revocation of a Medical Marijuana Use Registry ID Card include making material misrepresentations on the application.

Go Back

Continue

Continue

Initial Application for: STANDARD PATIENT (Patient)

My Applications

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

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.

A passport Photo must be supplied to apply.

Supply a Photo

Photo Requirements

Click "Supply a Photo."

Go Back Continue

Supply Photo

# STEP-BY-STEP: HOW TO RENEW YOUR MEDICAL MARIJUANA ID CARD

**Image Source** [X]

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 processing time for your application.

Click "Cancel" to return to the Photo screen.

**Proceed**

**check state ID**

Click "Check State ID Photo,"

**Patient Profile for: TYPICAL PATIENT** Patient 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	Updated Information
	
First Name: TYPICAL	First Name: [REDACTED]
Last Name: PATIENT	Last Name: [REDACTED]
Middle Initial: [REDACTED]	Middle Initial: [REDACTED]
Date of Birth: [REDACTED]	Date of Birth: [REDACTED]
SSN: [REDACTED]	SSN: [REDACTED]
Florida DL or State id #: [REDACTED]	Florida DL or State id #: [REDACTED]
Gender: Male	Gender: Male
Address: 123 ANY ROAD	Address: [REDACTED]
City: ANY TOWN	City: [REDACTED]
County: Bradford	County: [REDACTED]
Zip Code: 12345	Zip Code: [REDACTED]
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.

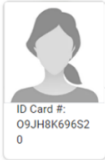
Click "Apply."


**Apply**

**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.

 ID Card #: 09JH8K696S2 0

 Approved by the OMMU on 05/29/2024.

**Continue**

# STEP-BY-STEP: HOW TO RENEW YOUR MEDICAL MARIJUANA ID CARD

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 0 document(s).

**Supply Proof** ← Click "Supply Proof."

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

Go Back Continue

### Proof of Residency Source

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

Supplying your own Proof of Residence instead of importing the data from the FLHSMV will require application to go through the OMMU review to be approved. This review will increase the processing time of your application.

Click "Cancel" to return to the Proof of Residency screen. →

Cancel Check State Residency Status Supply My Own

**Check State Residency Status**

### 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.

Proceed Go Back

Patient Profile for: TYPICAL PATIENT Patient Number: P11111111

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 photos 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	Updated Information
First Name: TYPICAL	First Name: [REDACTED]
Last Name: PATIENT	Last Name: [REDACTED]
Middle Initial: [REDACTED]	Middle Initial: [REDACTED]
Date of Birth: [REDACTED]	Date of Birth: [REDACTED]
SSN: [REDACTED]	SSN: [REDACTED]
Florida DL or State ID #: [REDACTED]	Florida DL or State ID #: [REDACTED]
Gender: Male	Gender: Male
Address: 123 ANY ROAD	Address: [REDACTED]
City: ANY TOWN	City: [REDACTED]
County: Bradford	County: [REDACTED]
Zip Code: 12345	Zip Code: [REDACTED]
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

Click "Apply." →

Apply Supply Manually Go Back

**Apply**

✓

PROOF OF RESIDENCE...

**Continue**



# STEP-BY-STEP: HOW TO RENEW YOUR MEDICAL MARIJUANA ID CARD

### 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 **PATIENT** in the First Name text box, and **TYPICAL** 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 myself 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.



### 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](#)

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

*Click "Click Here to Pay Online."* → [Click Here to Pay Online](#)

[Go Back](#)

