

Accela Citizen Access

Request Replacement Card in 

Request Replacement Card

Go to <https://Michigan.gov/MRAonline>. If you do not have an online account, you must Register for an Account and link.

1. Enter your User Name **OR** E-mail associated with your account.
2. Enter your Password. Click **Login**.

LARA
Department of Licensing and Regulatory Affairs

Home Dashboard Search New Help

Accessibility Support **Register for an Account** Login

Home Medical Facility Licensing Adult-Use Establishment Licensing Facility & Establishment Complaints Registry Cards

Advanced Search

User Name or E-mail: Password: **Login »**

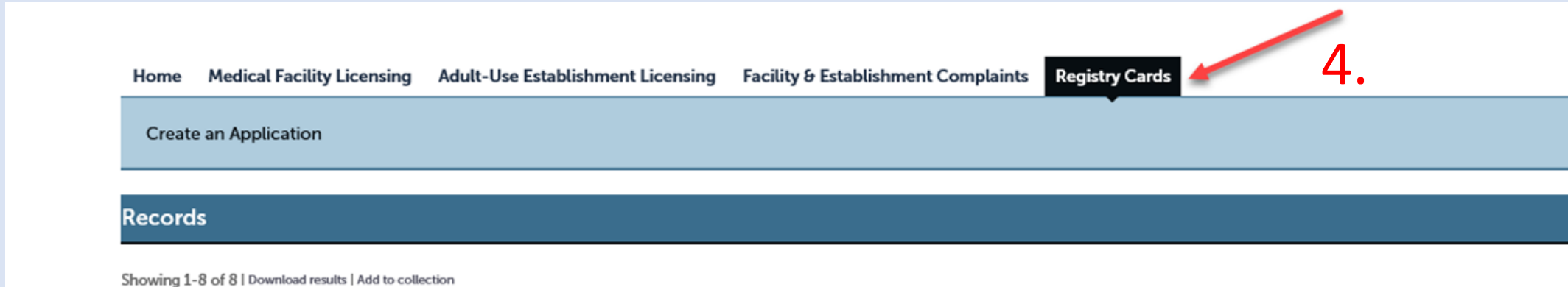
Remember me on this computer I've forgotten my password New Users: Register for an Account

Welcome to the Citizen Portal
We are pleased to offer our citizens, businesses, and visitors access to government services online, 24 hours a day, 7 days a week.

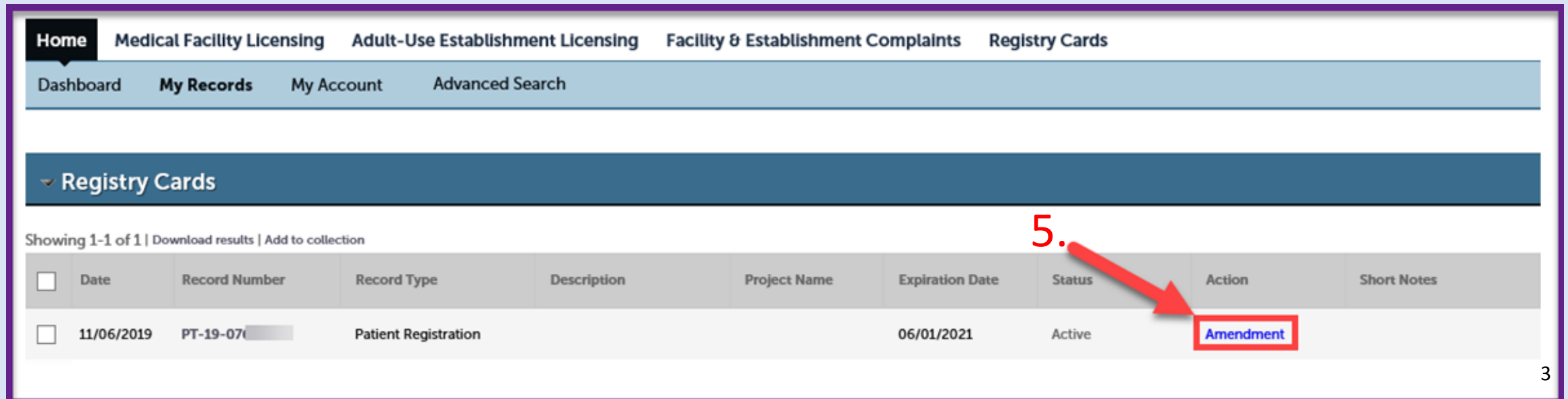
In partnership with Accela, Inc., we are fulfilling our promise to deliver powerful e-government services and provide valuable information about the community while making your interactions with us more efficient, convenient, and interactive. To use ALL the services we provide you must register and create a user account. You can view information, get questions answered and have limited services as an anonymous user. We trust this will provide you with a new, higher level of service that makes living and working in our community a more enjoyable experience.

What would you like to do today?
To get started, select one of the services listed below:

4. Click on **Registry Cards**.



5. Find the active patient Registration record, click **Amendment**.



6. Select **Request Replacement Card**.

7. Click **Continue Application**.

8. On the Contact List page, click **Continue Application**.

Home Medical Facility Licensing Adult-Use Establishment Licensing Facility & Establishment Complaints **Registry Cards**

Create an Application

Select an Amendment Type

Choose one of the following available amendment types. For assistance or to apply for an amendment type not listed below please contact us.

- Change Name or Address
- Remove Caregiver
- Request Replacement Card
- Withdrawal

Step 1: Cardholder Info > Cardholder

All active Registry Cards in your name will be reprinted.

* indicates a required field.

Contact List

If you have a name or address change please click Continue Application and you will have an opportunity to update these fields before submitting.

Showing 1-2 of 2

Full Name	Business Name	Contact Type	Work Phone	Fax	E-mail	Action
George		Caregiver				Edit
John		Patient				Edit

Save and resume later

9. Select **Yes** or **No** if you need to change your address. If you select **Yes**, skip to Step 9.b. on the next page.

10. If you selected **No**, click **Continue Application**.

Custom Fields

ADDRESS CHANGE

Current Address: 1 Main, Lansing, MI 48909

*Address Change: Yes No

Save and resume later

Continue Application »

9. b. If you need an address change, elect **Yes** and fill in all required fields (*) that appear.

10. Click **Continue Application**.

Custom Fields

ADDRESS CHANGE

Current Address: 1 Main, Lansing, MI 48909

*Address Change: Yes No

New Address Line 1: * 1 Capitol St

New City: * Lansing

New State: * MI

New Zip: * 48909

New County: * Ingham

Save and resume later

10. → **Continue Application »**

9.b.

"MI" must be capitalized

11. Select which type of proof of residency you will be using from the drop-down menu.

- If you select, **Michigan State Issued Driver's License Number or Personal Identification**, continue to Step 11.a.
- If you select, **I'll upload my MI Voter Reg and a valid Gov't Issued Document with my name and birthdate**, continue to Step 11.b. or c.

The screenshot shows a web form titled "Custom Fields" with a sub-section for "RESIDENCY". The label "Patient Proof of Residency:" is followed by a dropdown menu. A red arrow points to the dropdown menu, and the number "11." is written in red next to it. The dropdown menu is open, showing three options: "--Select--", "I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate", and "Michigan State Issued Driver's License Number or Personal Identification". At the bottom left of the form is a yellow button labeled "Save and resume later", and at the bottom right is a dark blue button labeled "Continue Application »".

11.a. If you selected MI Driver's License or Personal Identification, fill in the Required Fields (*). For the Driver's License/PID number, you must use the letter and no spaces or dashes.

12. Click **Continue Application**.

Custom Fields

RESIDENCY

Patient Proof of Residency: Michigan State Issued Driver's License Number or ID

Patient First Name: * John

Patient Last Name: *

Patient Date of Birth: * [calendar icon]

Patient Driver's License/PID: * A100100100100 X

11.a. Use letter, no spaces or dashes.

12. Continue Application »

Save and resume later

11.b. If you selected Voter ID and do not need a name change, select **No**.

12. Click **Continue Application**.


The screenshot shows a form titled "Custom Fields" with a "RESIDENCY" section. Under "Patient Proof of Residency", there is a dropdown menu with the text "I'll upload my MI Voter Reg and a valid Governmenter". Below this, the "Patient Name Change:" field has two radio buttons: "Yes" and "No". The "No" radio button is selected and highlighted with a red box. A red arrow labeled "11.b." points to this box. At the bottom of the form, there is a yellow "Save and resume later" button on the left and a dark blue "Continue Application »" button on the right. A red arrow labeled "12." points to the "Continue Application" button.

11.c. If you selected Voter ID and you are changing your name, select **Yes**. Fill in the required fields (*), enter your **NEW** name in the respective field(s).

12. Click **Continue Application**.

The screenshot shows the same "Custom Fields" form. In the "Patient Name Change:" field, the "Yes" radio button is selected and highlighted with a red box. A red arrow labeled "11.c." points to this box. Below the radio buttons, there are three input fields: "Patient First Name:" (containing "John"), "Patient Last Name:" (containing "New Last Name"), and "Patient Date of Birth:" (with a calendar icon). These three fields are grouped together in a red box. At the bottom of the form, there is a yellow "Save and resume later" button on the left and a dark blue "Continue Application »" button on the right. A red arrow labeled "12." points to the "Continue Application" button.

11.d. If you selected, **I'll Upload my MI Voter Reg & a Valid Government Issued Document with my name and birthdate** for proof of residency, you will now be asked to upload copies of those documents. Make sure your documents are downloaded to your computer or device before moving on. Click **Add**.

 **An error has occurred.**
The following documents are required based on the information you have provided:

- Michigan Voter Registration & Additional Proof of Valid Gov't ID: Gov't ID must include Date of Birth

Request Replacement Card

1 | 2 Address Change Info | 3 Residency Info | 4 Supporting Documentation | 5 Review | 6 Pay Fee

Step 4: Supporting Documentation > Documentation

* indicates a required field.

Attachment

The maximum file size allowed is 500 MB.
html;htm;mht;mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

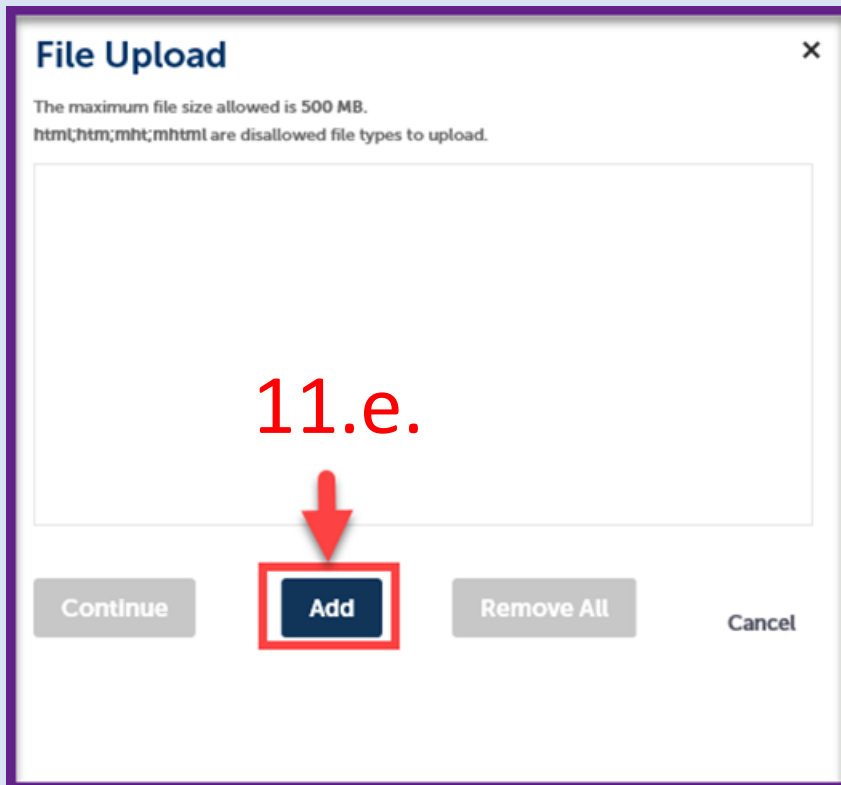
Add

Save and resume later **Continue Application »**

Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card.

11.d.

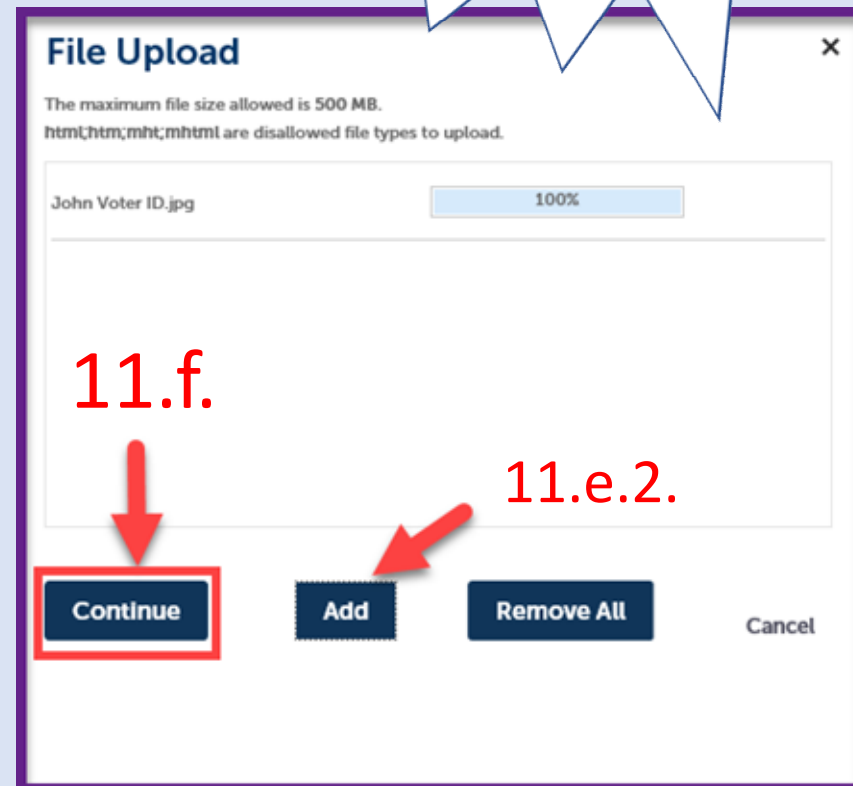
11.e. Click **Add** again. You will then select the documents saved on your device.



Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card.

11.e.2. Once you have uploaded a document it will be visible in the window. If you need to upload more than one, click **Add** again.

11.f. Once all documents are uploaded, click **Continue**.



11.g. Click **Save**.

Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card.

Attachment

The maximum file size allowed is 500 MB.
html;htm;mht;mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

•Type: Remove
Michigan Voter Registration & Additi

File:
John Voter ID.jpg
100

Save **Add** **Remove All**

Save and resume later **Continue Application »**

11.g.

Once you have saved, you will get a confirmation when the documents are successfully uploaded.

11.h. Click **Continue Application**.

The attachment(s) has/have been successfully uploaded.
It may take a few minutes before changes are reflected.

Request Replacement Card

1 2 Address Change Info 3 Residency Info 4 Supporting Documentation 5 Review

Step 4: Supporting Documentation > Documentation

Attachment

The maximum file size allowed is 500 MB.
htm;htm;mht;mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
John Voter ID.jpg	Michigan Voter Registration & Additional Proof of Valid Gov't ID	7.22 KB	12/13/2019	Actions ▼

Add

Save and resume later

11.h. → **Continue Application »**

Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card.

* indicates a required field.

Review the amendment, you may edit each section with an **Edit** button if necessary. Print a copy for your records.

12. Read the Attestation, then check the **Attestation Box**.

13. Click **Continue Application**.

Custom Fields

ADDRESS CHANGE Edit

Current Address: 1 Main, Lansing, MI 48909
Address Change: No

Custom Fields

RESIDENCY Edit

Patient Proof of Residency: I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate
Patient Name Change: No

Attachment Edit

The maximum file size allowed is 500 MB.
htm,htm,rtm,rtxt are disallowed file types to upload.

Name	Type	Size	Lasts Update	Action
John Voter ID.jpg	Michigan Voter Registration & Additional Proof of Valid Gov't ID	7.22 KB	12/20/2019	Actions ▾

I attest the information provided is true and accurate and the I will comply with the requirements of the Michigan Medical Marijuana Act (Initiated Law 1 of 2008, MCL 333.26421 et seq.) and associated administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.

I authorize the release of my protected health information, which includes the information contained in the form completed by my certifying physician, to the Michigan Medical Marijuana Program.

By checking this box, I agree to the above certification.

12.

13.

Date:

Save and resume later Continue Application >

You will receive confirmation that your Amendment was successfully submitted. The State will review the Amendment that you have submitted, and you will receive notification once it has been processed. Write down the Amendment record number (circled below) for your records.

- Once your amendment has been processed, you will receive an e-mail from **noreply@accela.com**. This email may go to your Spam or Junk folder.

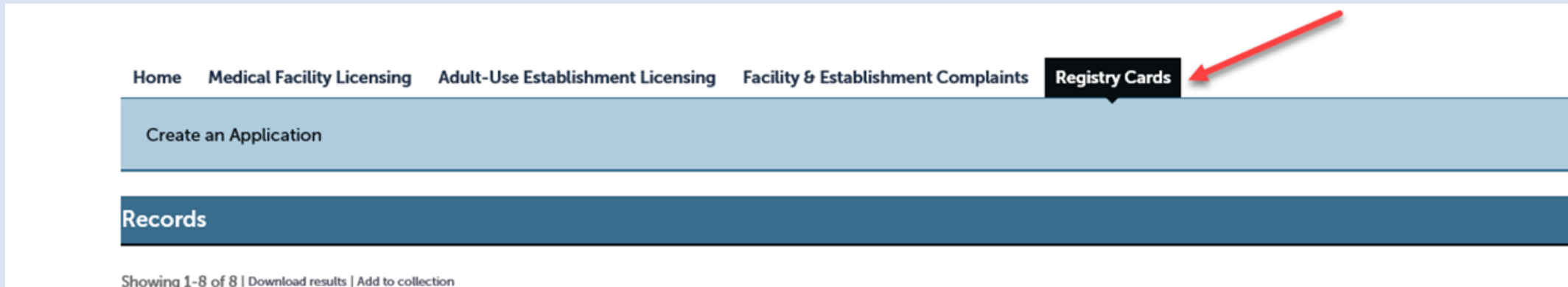
To check the status of your Amendment while pending, click **Home**.

The screenshot shows the Michigan Medical Marijuana (MMP) application process confirmation page. At the top, there is a navigation bar with the following links: Home (circled in red), Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below the navigation bar is a blue button labeled "Create an Application".

The main content area is titled "Request Replacement Card". It features a progress bar with six steps: 1, 2, 3, 4, 5 Review (highlighted in green), and 6 Record Issuance. Below the progress bar is a green confirmation message with a checkmark icon: "You have successfully submitted your record. Please visit our website www.michigan.gov/mmp for further instructions. Please print your record and retain a copy for your records." A red arrow points to this message.

Below the confirmation message, there is a thank you note: "Thank you for using our online services. Your Record Number is **AMEND-19-0001**" (the record number is circled in red). Below this, it says "You have successfully submitted your record for review." At the bottom left, there is a dark blue button labeled "View Record Details »".

Click on Registry Cards.



You can then see the status of your Amendment while pending.

A screenshot of the 'Registry Cards' table. The table has a dark blue header with a dropdown arrow and the text 'Registry Cards'. Below the header, it says 'Showing 1-2 of 2 | Download results | Add to collection'. The table has the following columns: Date, Record Number, Record Type, Description, Project Name, Expiration Date, Status, Action, and Short f. The first row has a checkbox, the date '12/20/2019', the record number 'AMEND-19-0001', the record type 'Request Replacement Card', and the status 'Pending' circled in red. The second row has a checkbox, the date '11/06/2019', the record number 'PT-19-', the record type 'Patient Registration', the expiration date '02/01/2020', the status 'Active', and the action 'Renew Application Amendment'.

<input type="checkbox"/>	Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action	Short f
<input type="checkbox"/>	12/20/2019	AMEND-19-0001	Request Replacement Card				Pending		
<input type="checkbox"/>	11/06/2019	PT-19-	Patient Registration			02/01/2020	Active	Renew Application Amendment	