



Accela Citizen Access

Name and/or Address Amendment in 

Name and/or Address Amendment

1. Go to <http://www.Michigan.gov/CRAonline>. If you do not have an online account, you must Register for an Account and link.
2. Enter your User Name **OR** E-mail address associated with your account.
3. Enter your Password. Click **Login**.

The screenshot displays the LARA Department of Licensing and Regulatory Affairs website. The header includes the LARA logo and the department name. A navigation bar contains links for Home, Dashboard, Search, New, and Help. On the right, there are links for Accessibility Support, Register for an Account (circled in red), and Login. Below the navigation bar, a red '2.' with an arrow points to the 'User Name or E-mail' input field, and a red '3.' with an arrow points to the 'Password' input field. Both input fields are also outlined in red. A 'Login »' button is located to the right of the password field. Below the login fields, there are links for 'Remember me on this computer', 'I've forgotten my password', and 'New Users: Register for an Account'. The footer contains a 'Welcome to the Citizen Portal' message and a section titled 'What would you like to do today?' with a prompt to select a service.

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 »

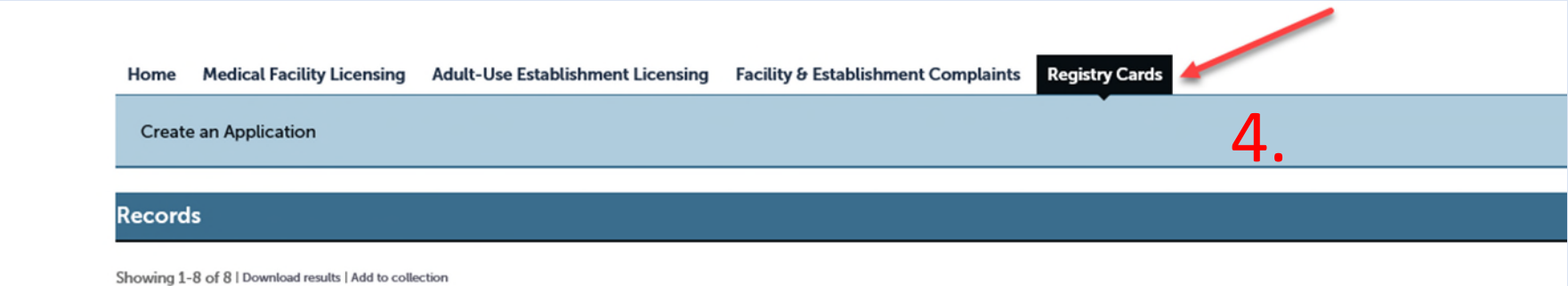
☐ Remember me on this computer I've forgotten my password New Users: Register for an Account

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.

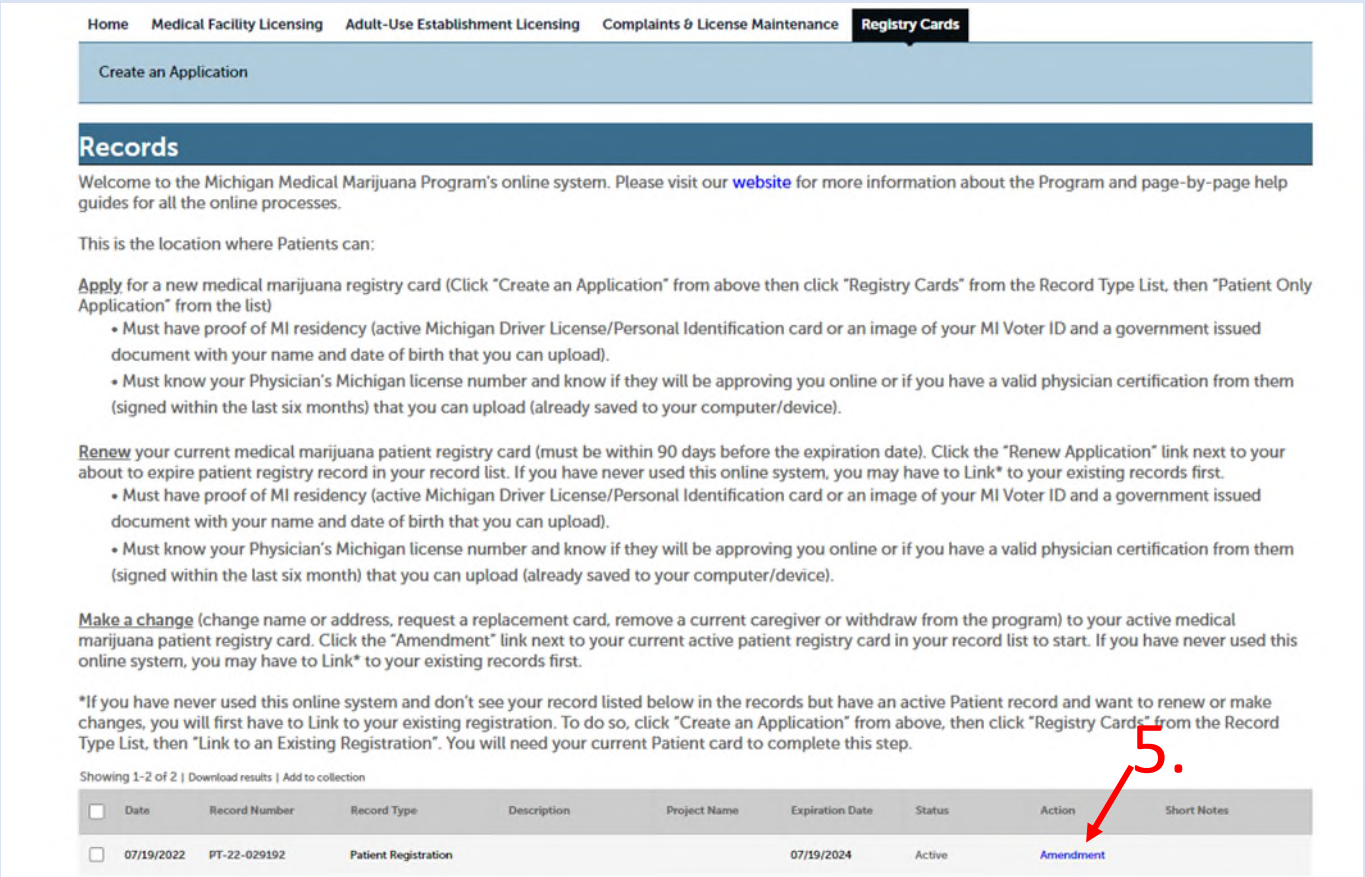
In partnership with Accela, Inc., we are fulfilling our promise to deliver powerful e-government services and provide valuable information about the community while making your interactions with us more efficient, convenient, and interactive. To use ALL the services we provide you must register and create 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**.



7. Select **Change Name or Address**.

8. 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.

Search

☒ Change Name or Address

☐ Remove Caregiver

☐ Request Replacement Card

☐ Withdrawal

Continue Application »

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

Create an Application

Change Name or Address

1 Cardholder Info 2 Residency Info 3 Name/Address Change Info 4 Supporting Documentation 5 Review 6 7

Step 1: Cardholder Info > Cardholder

• 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 1-1 of 1

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

Save and resume later

Continue Application »

9. Click **Continue Application**.

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

-If you selected driver license/personal identification card, fill in the Required Fields (*) and continue.

10.b. If you selected **Michigan voter registration/government issued document**, fill in all required fields(*) and continue. You will be asked to upload copies of those documents once you continue (Steps 10.c.-10.g.) . Make sure those documents are downloaded to your computer or device.

11. Click **Continue Application**.

Step 2: Residency Info > Residency

Residency Info

RESIDENCY

From the drop-down menu, select the type of Proof of Michigan Residency you will use.

a. If you select, Michigan State Issued Driver License or Personal Identification, fill in the required (*) fields.
**Please Note: The Driver License/PID number must contain the letter and no dashes or spaces.

b. If you select, I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate, you will be asked later in the application to upload images of your Proof of Residency documents. These documents must already be saved to your computer.

Patient Proof of Residency: *

Michigan State Issued Driver's License Number or Personal Identification

Patient First Name: *

Brad

Patient Middle Name:

Patient Last Name: *

Smith

Patient Date of Birth: *

01/01/2000

Patient Driver's License/PID: *

A123123123123

10.

Include the letter and no spaces or dashes

11. →

Save and resume later

Continue Application »

Step 2: Residency Info > Residency

Residency Info

RESIDENCY

From the drop-down menu, select the type of Proof of Michigan Residency you will use.

a. If you select, Michigan State Issued Driver License or Personal Identification, fill in the required (*) fields.
**Please Note: The Driver License/PID number must contain the letter and no dashes or spaces.

b. If you select, I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate, you will be asked later in the application to upload images of your Proof of Residency documents. These documents must already be saved to your computer.

Patient Proof of Residency: *

I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate

Patient First Name: *

Brad

Patient Middle Name:

Patient Last Name: *

Smith

Patient Date of Birth: *

01/01/2000

10.b.

11. →

Save and resume later

Continue Application »

Address Change:

12. If you **need** to change your address, select **Yes** and fill in the required fields (*).

12.b. If you **do not** need to change your address, select **No**.

13. Click **Continue Application**.

Change Name or Address

1 Cardholder Info

2 Residency Info

3 Name/Address Change Info

4 Supporting Documentation

Step 3: Name/Address Change Info > Address Change

Address Info

AMENDMENT TYPE

* Will you be making an Address Change at this time?:

☐ Yes

☒ No

ADDRESS CHANGE

Current Address:

888 Eight St, Test, MI 48888

Save and resume later

13.



Continue Application »

Step 3: Name/Address Change Info > Address Change

* Indicates a required field.

Address Info

AMENDMENT TYPE

* Will you be making an Address Change at this time?:

☒ Yes

☐ No

ADDRESS CHANGE

Current Address:

888 Eight St, Test, MI 48888

New Street Address (include Apt #/Lot #): *

New City: *

New State: *

New Zip: *

New County: *

--Select--

12.

This field will default to "MI" and should NOT be changed.

13.

Continue Application »

10.c. 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**.

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

[Home](#) [Medical Facility Licensing](#) [Adult-Use Establishment Licensing](#) [Complaints & License Maintenance](#) **Registry Cards**

Create an Application

✕

An error has occurred.

Please click the "Add" button below to upload the following document(s) that are required based on the information you provided. ONLY upload the below document(s). These documents must already be saved to your computer/device.

1. Michigan Voter Registration & Additional Proof of Valid Gov't ID, Gov't ID must include Date of Birth

Remove Caregiver

1

2

3 Residency Info

4 Caregiver Being Removed

5 Supporting Documentation

6 Review

7 Pay Fees

8

Step 5: Supporting Documentation > Documentation

Attachment

The maximum file size allowed is 500 MB.

ade;adp;bat;chm;cmd;com;cpl;exe;heic;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;mst;pages;php;pic;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

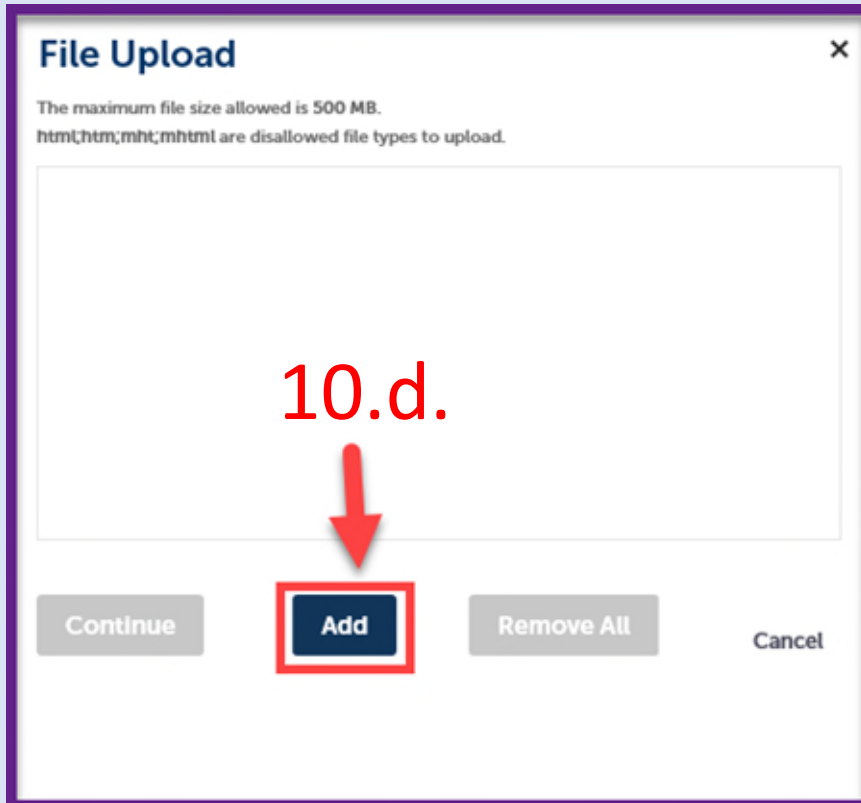
Add

Save and resume later

Continue Application >

10.c.

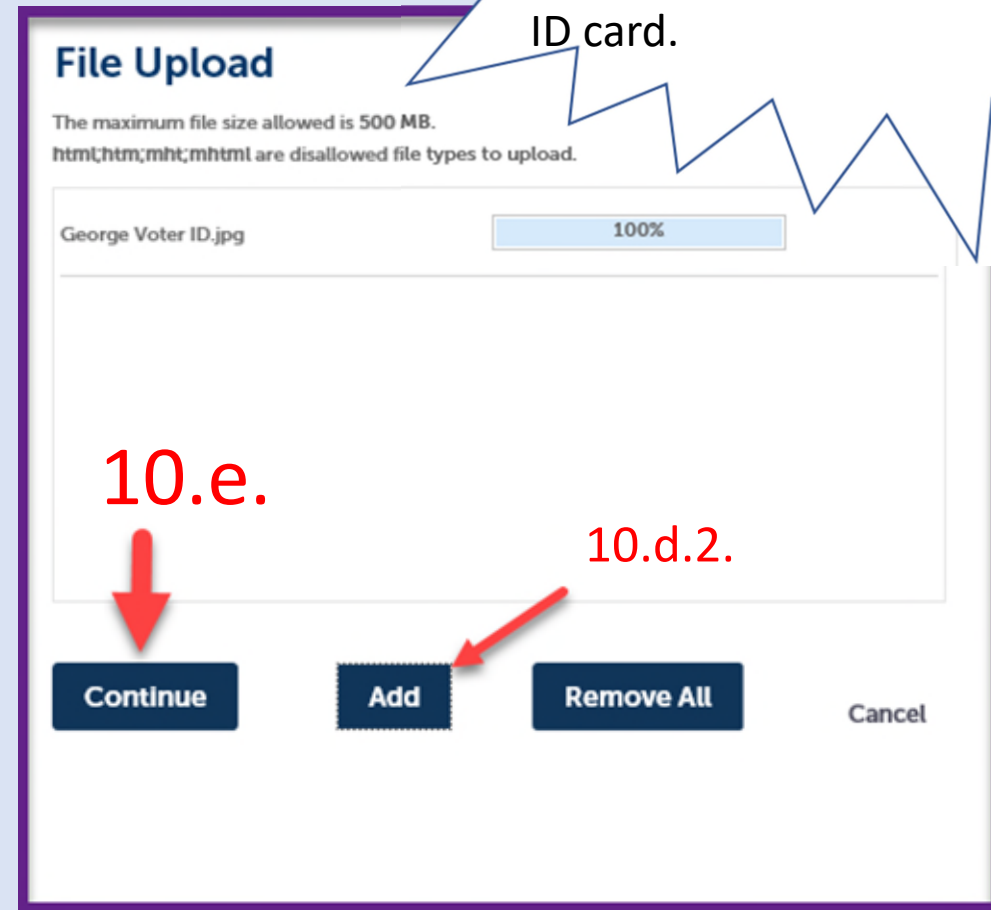
10.d. The File Upload window will appear. Click **Add**. You will then select the documents saved on your device.



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

10.d.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.

10.e. Once you have uploaded all your documents, click **Continue**.



10.f. 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:

Michigan Voter Registration & Additi

Remove

File:

George Voter ID.jpg

100%

Save

Add

Remove All

Save and resume later

Continue Application »

10.f.

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

10.g. Click **Continue Application**.

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

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

Change Name or Address

1

2 Residency Info

3 Name/Address Change Info

4 Supporting Documentation

5 Review

Step 4: Supporting Documentation > Documentation

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
George Voter ID.jpg	Michigan Voter Registration & Additional Proof of Valid Gov't ID	7.22 KB	01/07/2020	Actions ▾

Add

Save and resume later

10.g. →

Continue Application »

indicates a required field.

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

14. Read the Attestation, then check the **Certification Box**.

15. Click **Continue Application**.

Residency Info

RESIDENCY

Patient Proof of Residency:

I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate

Patient First Name:

Brad

Patient Middle Name:

Patient Last Name:

Smith

Patient Date of Birth:

01/01/2000

Edit

Address Info

AMENDMENT TYPE

Will you be making an Address Change at this time?:

No

Edit

ADDRESS CHANGE

Current Address:

888 Eight St, Test, MI 48888

Edit

Attachment

The maximum file size allowed is 500 MB.
ade;adp;bae;chm;cmd;com;cpl;exe;hlc;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;pages;php;plf;scr;scd;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Bearss.docx	Michigan Voter Registration & Additional Proof of Valid Gov't ID	234.60 KB	07/19/2022	Actions ▼

I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana 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 Michigan Secretary of State's office to forward my photograph to the Michigan Medical Marijuana Program to be printed on my registry identification card

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

Date: 07/19/2022

Save and resume later

14.

15.

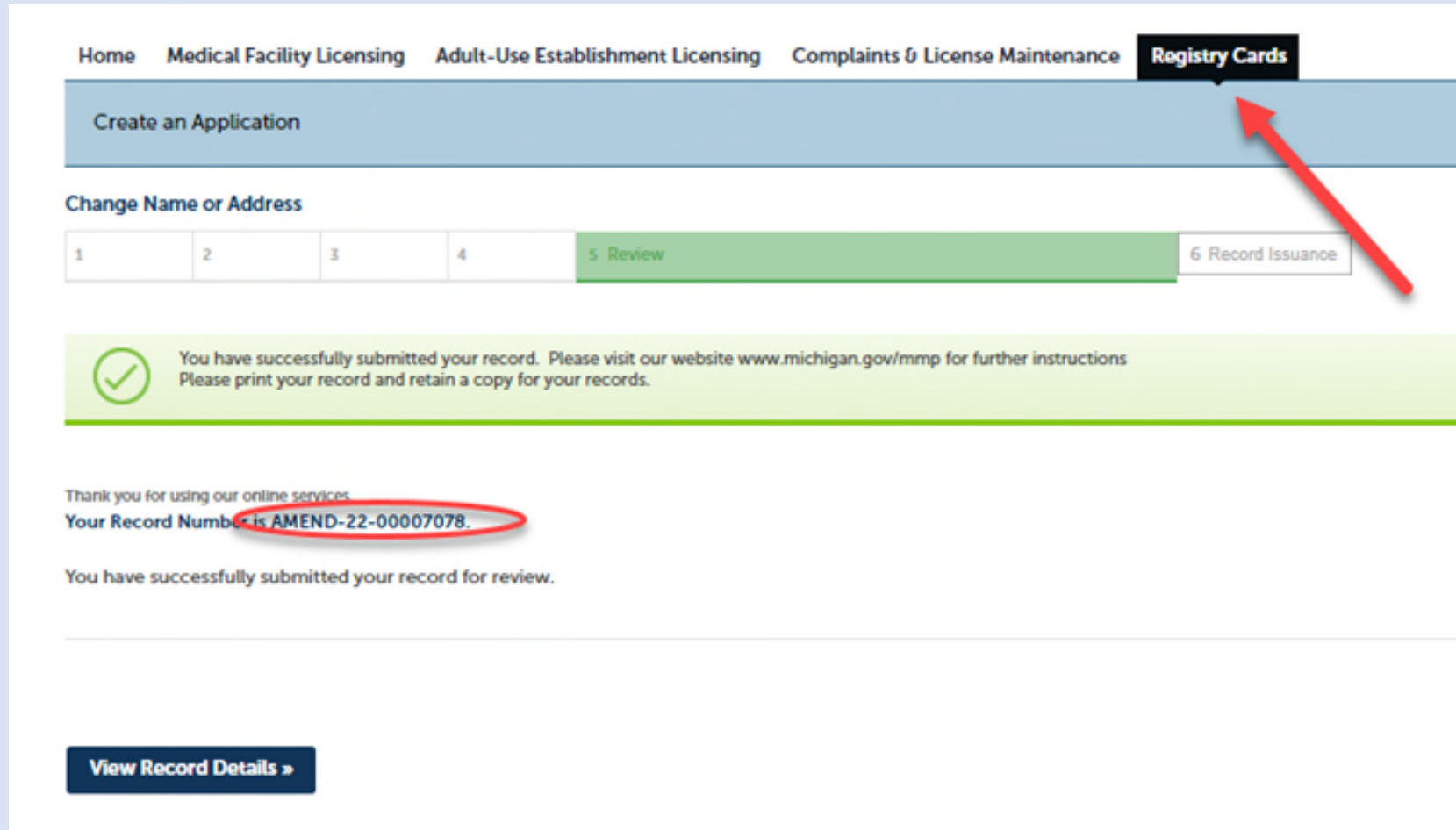
Continue Application »

11

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 view the status while pending click **Registry Card** tab.



The screenshot displays the Accela website's 'Registry Cards' section. At the top, a navigation bar includes links for 'Home', 'Medical Facility Licensing', 'Adult-Use Establishment Licensing', 'Complaints & License Maintenance', and 'Registry Cards'. Below this is a blue bar with the text 'Create an Application'. A progress bar shows six steps: 1, 2, 3, 4, 5 (Review, highlighted in green), and 6 (Record Issuance). A green confirmation banner with a checkmark icon states: '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.' Below the banner, a message reads: 'Thank you for using our online services. Your Record Number is AMEND-22-00007078.' The record number is circled in red. At the bottom, there is a button labeled 'View Record Details »'.

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

<div>Home</div> <div>Medical Facility LicensingAdult-Use Establishment LicensingFacility & Establishment ComplaintsRegistry Cards</div> <div>DashboardMy RecordsMy AccountAdvanced Search</div>								
Registry Cards								
Showing 1-2 of 2 Download results Add to collection								
<input type="checkbox"/>	Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action
<input type="checkbox"/>	01/07/2020	AMEND-20-0000		Change Name or Address			Pending	
<input type="checkbox"/>	11/06/2019	PT-19-		Patient Registration		06/01/2021	Active	Amendment