

Accela Citizen Access

Request Replacement Card in 

Request Replacement Card

Go to <https://Michigan.gov/CRAonline>. 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**.

The screenshot displays the LARA (Michigan Department of Licensing and Regulatory Affairs) website. At the top, the LARA logo and the department name are visible. Below the header, a navigation bar includes links for Home, Dashboard, Search, New, and Help. On the right side of the navigation bar, there are links for Accessibility Support, Register for an Account (circled in red), and Login. The main content area features a blue header with tabs for Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below these tabs is an 'Advanced Search' section. The login section is highlighted with a red box and contains two input fields: 'User Name or E-mail' (labeled with a red '1.' and an arrow) and 'Password' (labeled with a red '2.' and an arrow). A 'Login »' button is positioned to the right of the password field. Below the login fields, there are checkboxes for 'Remember me on this computer', a link for 'I've forgotten my password', and a link for 'New Users: Register for an Account'. At the bottom of the page, there is a 'Welcome to the Citizen Portal' section with a brief message and a 'What would you like to do today?' section with a list of services.

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 »

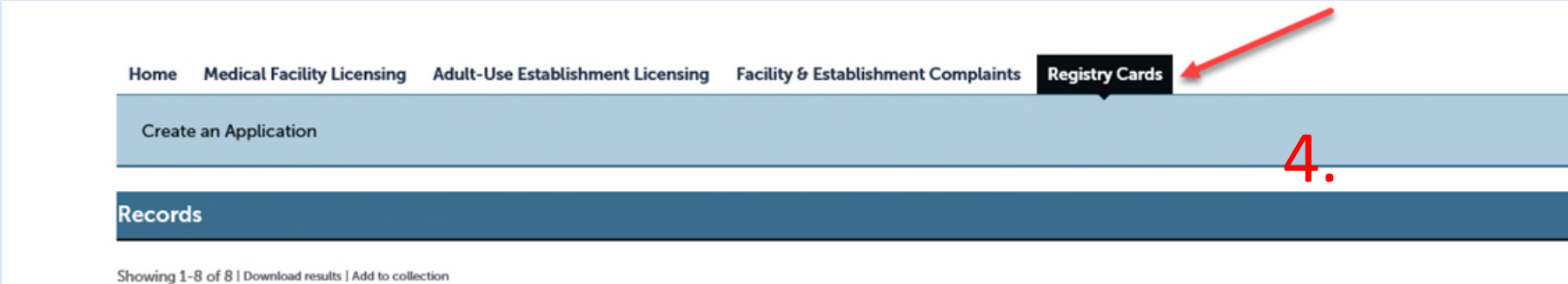
☐ Remember me on this computer I've forgotten my password New Users: Register for an Account

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.

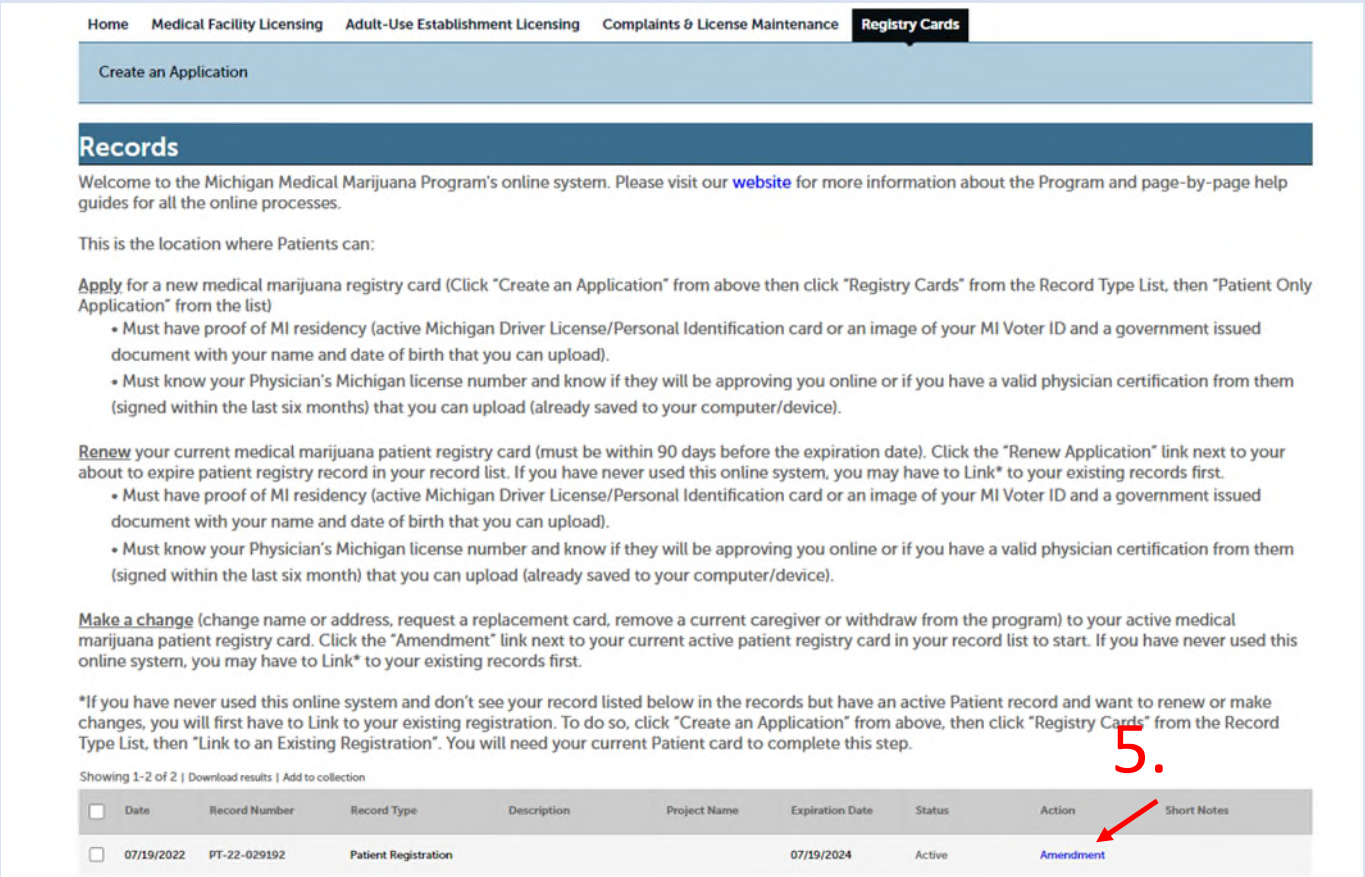
In partnership with Accela, Inc., we are fulfilling our promise to deliver powerful e-government services and provide valuable information about the community while making your interactions with us more efficient, convenient, and interactive. To use ALL the services we provide you must register and create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

Search

☐ Change Name or Address

☐ Remove Caregiver

☒ Request Replacement Card

☐ Withdrawal

Continue Application »

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

Continue Application »

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**.

Request Replacement Card

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

Step 2: Address Change Info > Address Change

*Indicates a required field.

Address Info

ADDRESS CHANGE

Current Address: 888 Eight St, Test, MI 48888

*Will you be making an Address Change at this time?: ☐ Yes ☒ No

9.

10.

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**.

Request Replacement Card

1 Cardholder Info

2 Address Change Info

3 Residency Info

4 Supporting Documentation

5 Review

6

7

Step 2: Address Change Info > Address Change

* Indicates a required field.

Address Info

ADDRESS CHANGE

Current Address:

888 Eight St, Test, MI 48888

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

☒ Yes

☐ No

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

New City: *

New State: *

MI

New Zip: *

New County: *

--Select--

9.b.

Read Only field

"MI" must be capitalized

Save and resume later

10.

Continue Application »

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. You will be asked to upload copies of those documents later in this process. Make sure those documents are downloaded to your computer or device.

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Create an Application

Request Replacement Card

1 Cardholder Info

2 Address Change Info

3 Residency Info

4 Supporting Documentation

5 Review

6

7

Step 3: Residency Info > Residency

* Indicates a required field.

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: 11.  --Select--

Save and resume later

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**.

Step 2: Residency Info > Residency

* indicates a required field.

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

11.a.

Include the letter and no spaces or dashes

12.

Save and resume later

Continue Application >

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

12. Click **Continue Application**.

Step 3: Residency Info > Residency

* Indicates a required field.

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: 11.b. I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate ▼

Patient Name Change: * ☐ Yes ☒ No

Save and resume later 12. → Continue Application >

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**.

Step 2: Residency Info > Residency

* Indicates a required field.

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


11.c.

12. → Continue Application >

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**.

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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;msp;mst;pages;php;pif;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

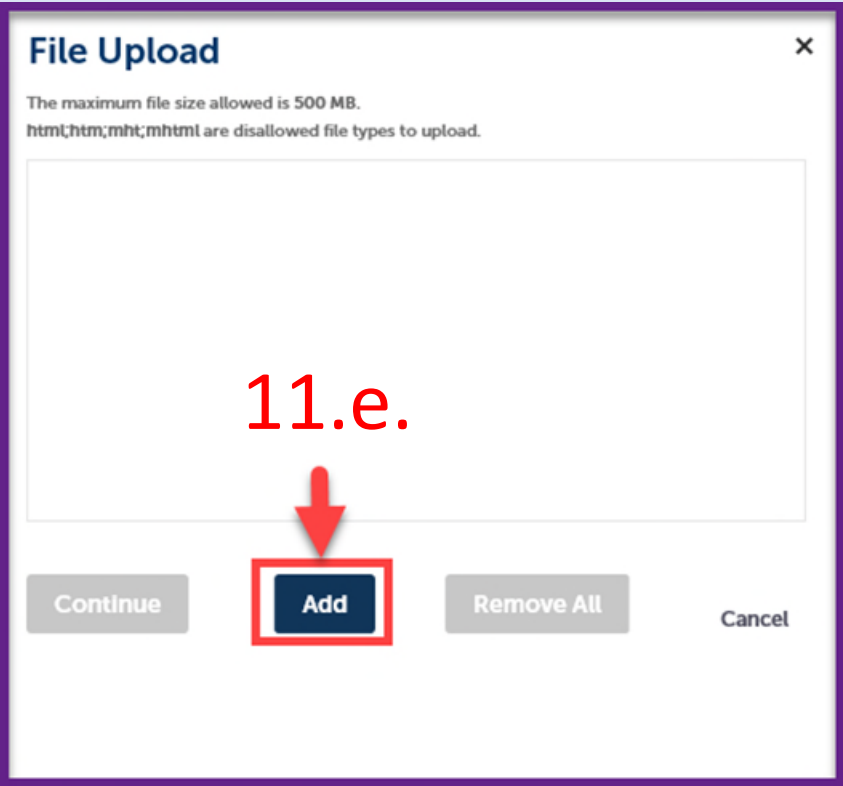
Save and resume later

Continue Application »

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

11.d.

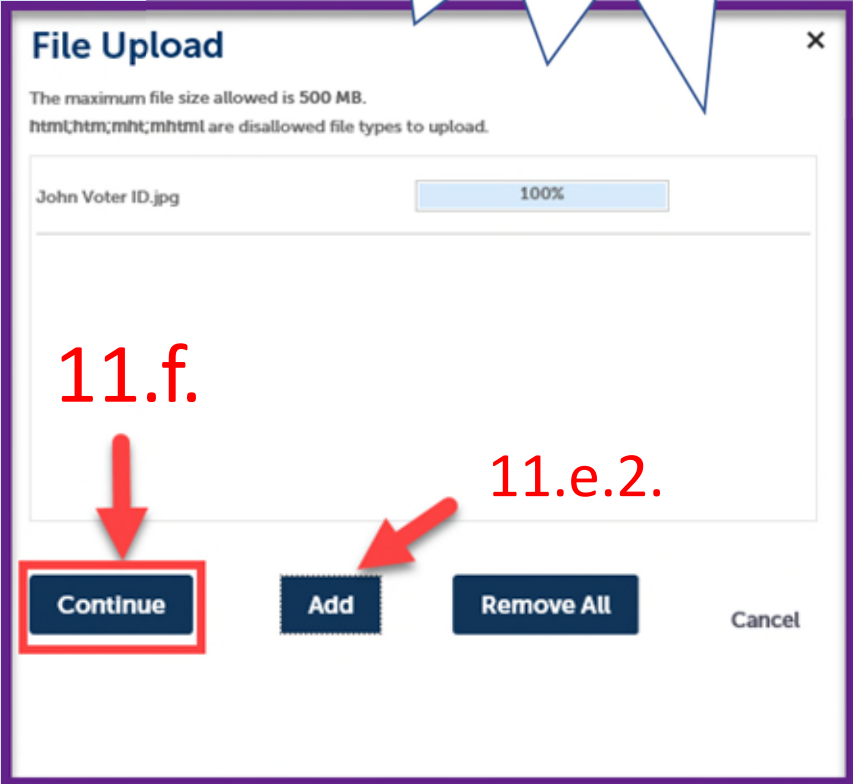
11.e. Click **Add** again. You will then select the documents saved on your device.



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:

Michigan Voter Registration & Additi

Remove

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.
html;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**.

ADDRESS CHANGE

Edit

Current Address:888 Eight St, Test, MI 48888

Will you be making an Address Change at this time?:No

Residency Info

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:Yes

Patient First Name:Brad

Patient Last Name:

Patient Driver's License/PID:

Attachment

Edit

The maximum file size allowed is 500 MB.
ade;adp;bat;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;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
	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

12.

13.

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 **Registry Card** tab.

The screenshot shows the 'Registry Cards' tab selected in the top navigation bar. Below the navigation bar is a blue bar with the text 'Create an Application'. Underneath is a section titled 'Request Replacement Card' with a progress bar showing steps 1 through 6. Step 5, 'Review', is highlighted in green. 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.' Below this message, it says 'Thank you for using our online services.' and 'Your Record Number is AMEND-22-00007079.' The record number is circled in red. At the bottom, there is a button labeled 'View Record Details »'.

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

Create an Application

Request Replacement Card

1 2 3 4 5 Review 6 Record Issuance

✓ 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.

Thank you for using our online services.

Your Record Number is **AMEND-22-00007079**.

You have successfully submitted your record for review.

[View Record Details »](#)

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

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	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	