

**LARA**

Department of Licensing and Regulatory Affairs

# Accela Citizen Access (ACA)

Name and/or Address Change in



# Name and/or Address Change (ACA)

1. Enter your username or E-mail address associated with your ACA account
2. Enter your password.

Accessibility Support Register for an Account Login

Home Licenses & Permits

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

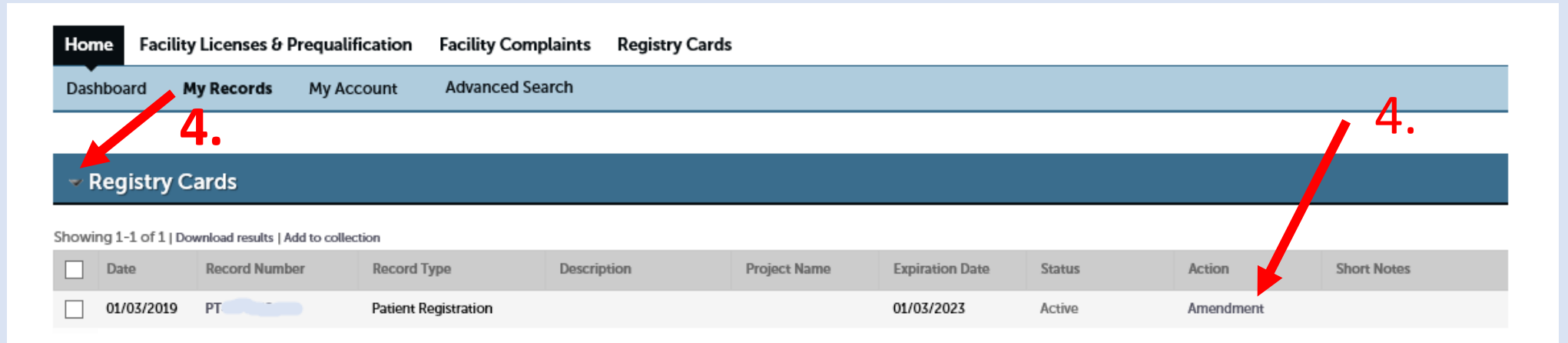
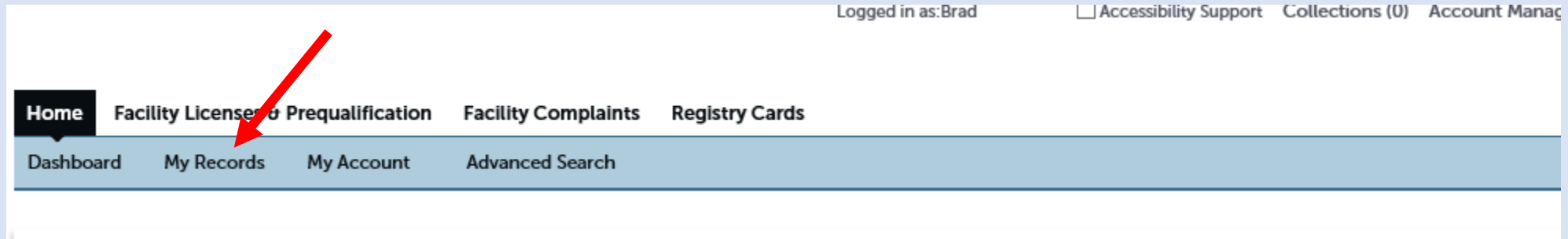
**Please Login**  
Many online services offered by the Agency require login for security reasons. If you are an existing user, please enter your user name and password in the box on the right.

**New Users**  
If you are a new user you may register for a free Citizen Access account. It only takes a few simple steps and you'll have the added benefits of seeing a complete history of applications, access to invoices and receipts, checking on the status of pending activities, and more.

Register Now »

# Name and/or Address Change(ACA)

3. Click on **My Records**.
4. Click on the small triangle next to “Registry Cards” to view your records, then click on **Amendment**.



# Name and/or Address Change(ACA)

5. Select Change Name or Address.

6. Click Continue Application.

7. Click Continue Application again.

Home Licenses & Prequalification Complaints **Registry Cards**

Create an Application

Select an Amendment Type

Choose one of the following available amendment types. For assistance, contact us.

Search

Change Name or Address

Remove Caregiver

Request Replacement Card

Withdrawal

**Continue Application »**

5. Select Change Name or Address

6. Click Continue Application

Home Licenses & Prequalification 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

Contact List

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

Showing 1-1 of 1

Full Name	Business Name	Contact Type	Work Phone	Fax	E-mail	Action
Care Bear		Patient			CAreB12@123.com	Edit

**Continue Application »**

7. Click Continue Application

# Name and/or Address Change(ACA)

8. For Proof of Residency, select **Michigan driver license/personal identification card** or **I'll upload my Michigan voter registration and government- issued document with name & DOB.**

- If you selected driver license/personal identification card, enter all required\* info and continue.
- If you selected **Michigan voter registration/government issued document**, enter all required\* info and continue and then will be asked to upload copies of those documents before submitting this Amendment.

9. Click **Continue Application.**

The screenshot shows a web form titled "Custom Fields" with a "RESIDENCY" section. The form contains the following fields and values:

Field Label	Value
Patient Proof of Residency: *	Michigan State Issued Driver's License Number or I
Patient First Name: *	Care
Patient Middle Name:	D
Patient Last Name: *	Bear
Patient Date of Birth: *	01/01/1970
Patient Driver's License/PID: *	R777777777777

At the bottom of the form, there are two buttons: "Save and resume later" (orange) and "Continue Application »" (dark blue).

# Name and/or Address Change(ACA)

10. Select **Address Change** if applicable.

11. Click **Continue Application**.

**Change Name or Address**

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

**Step 3: Name/Address Change Info > Change Type** \* indicates a required field.

**Custom Fields**

AMENDMENT TYPE

Address Change:  10.

Save and resume later 11. **Continue Application >**

# Name and/or Address Change(ACA)

14. If an address change is being made, provide all information in the required fields.
15. Click **Continue Application**.

**Change Name or Address**

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

*Step 3: Name/Address Change Info > Address Change Info* \* indicates a required field.

**Custom Fields**

**ADDRESS CHANGE**

Current Address:

New Address Line 1: \*

New City: \*

New State: \*

New Zip: \*

New County: \*

# Name and/or Address Change(ACA)

16. Review your information along with any changes you've made, then check the **Attestation Box**.

17. Click **Continue Application**. This will take you to the payment tab.

18. Review the fee summary, then click **Continue Application**.

Custom Fields

ADDRESS CHANGE Edit

Current Address: 123 Main St, Lansing, MI 48909

New Address Line 1: 159 South St

New City: Lansing

New State: MI

New Zip: 48901

I attest the information provided is true and accurate and the 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. If I provide falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.

**16. Select Attestation Box**

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

Date:

**17. Click Continue Application**

Continue Application »

Registry Cards

4 Supporting Documentation 5 Review 6 Pay Fees 7 Record Issuance

Based upon the information you've entered. Some fees are based on the quantity of work items installed applicable. The following screen will display your total fees.

	Qty.	Amount
	1	\$10.00

**18. Click Continue Application.**

Note: This does not include additional inspection fees which are assessed later.

Continue Application »



# Name and/or Address Change(ACA)

19. Select your method of payment.

20. Click **Next**

21. Fill in all required fields.

22. Click **Next**.

23. Click **Pay Now**.

**LARA BMMR Payment Page**

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online payments 24 hours a day, seven days a week. We accept Visa, MasterCard, Discover, American Express, and electronic payments.

**19. Select payment method**

\* Indicates required field

**Choose method of payment**

Pay by electronic payment **20. Click next**

\* Account type:  **20. Click next**

Pay by credit card

VISA MasterCard DISCOVER

Back Next Exit

\* Indicates required field

**Billing Address**

Use Business Name

\*First Name:  **21. Fill in the Required Fields**

M.I.:

\*Last Name:  \*

Street Line 1:

Street Line 2:

City:

State:

Zip:

Country: UNITED STATES

Phone:

\*E-Mail:  \*

**Payment Details**

\*Payment Amount: 10.00 USD

**Payment Method**

\*Name on Card:  \*

\*Card Number:  \*

\*Expiration Date: \* Month 06  \* Year 2026

\*Card Verification Value(CVV2):  \* [What's This?](#)

Back Next Exit **22. Click next**

**Payment Amount**

Amount:	10.00 USD
Total:	10.00 USD

**23. Click Pay Now**

Back Pay Now Exit

# Name and/or Address Change(ACA)

24. The State will review the Amendment that you have submitted and you will receive notification once it has been processed. You can also check the status of the Amendment under the “My Records” page.

The screenshot shows a web application interface with a navigation menu at the top. The 'My Records' menu item is highlighted with a red box. Below the navigation menu, there is a section titled 'Registry Cards'. Underneath, it says 'Showing 1-2 of 2 | Download results | Add to collection'. A table displays the records:

<input type="checkbox"/>	Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action	Short Notes
<input type="checkbox"/>	12/30/2018	AMEND-18-00002305	Request Replacement Card				Pending		
<input type="checkbox"/>	12/30/2018	PT-18-021838	Patient Registration			12/30/2022	Active	Amendment	