



LABA

Department of Licensing and Regulatory Affairs

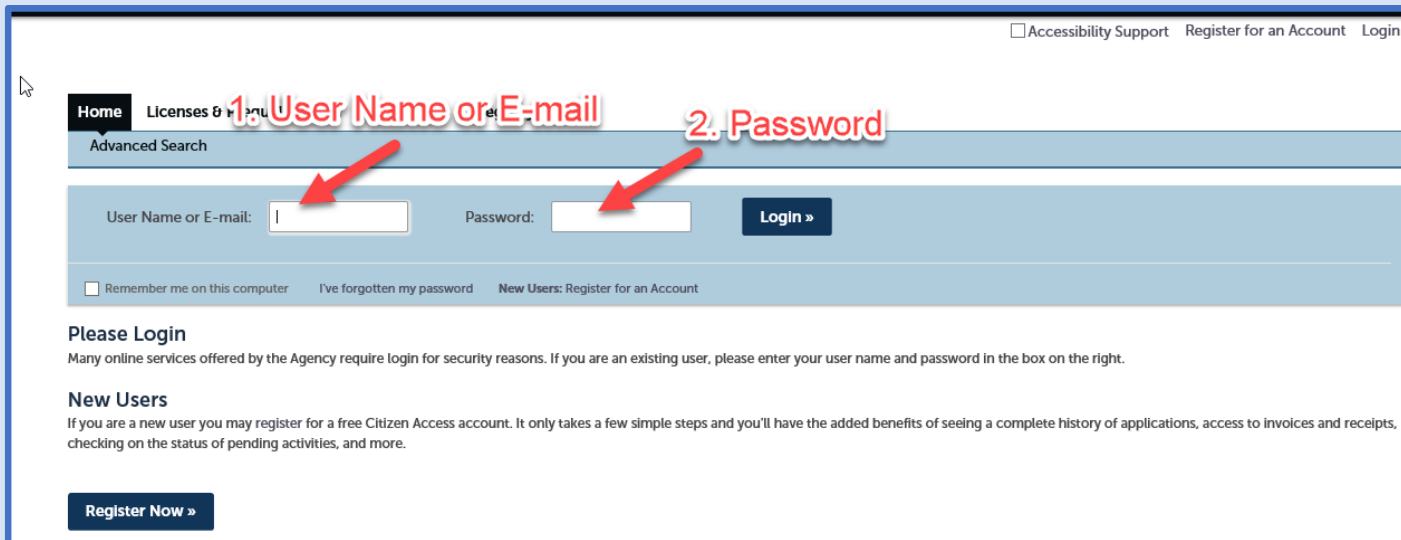
Accela Citizen Access (ACA)

Request Replacement Card in



Request Replacement Card (ACA)

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



The screenshot shows the top navigation bar with links for Accessibility Support, Register for an Account, and Login. Below this is a menu with 'Home' selected and 'Licenses & Permits' visible. An 'Advanced Search' bar is present. The main login area contains two input fields: 'User Name or E-mail' and 'Password', both with red arrows pointing to them from the text '1. User Name or E-mail' and '2. Password' respectively. A 'Login >' button is to the right of the password field. Below the input fields are links for 'Remember me on this computer', 'I've forgotten my password', and 'New Users: Register for an Account'. The page also includes sections for 'Please Login' and 'New Users' with explanatory text, and a 'Register Now >' button at the bottom.

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.

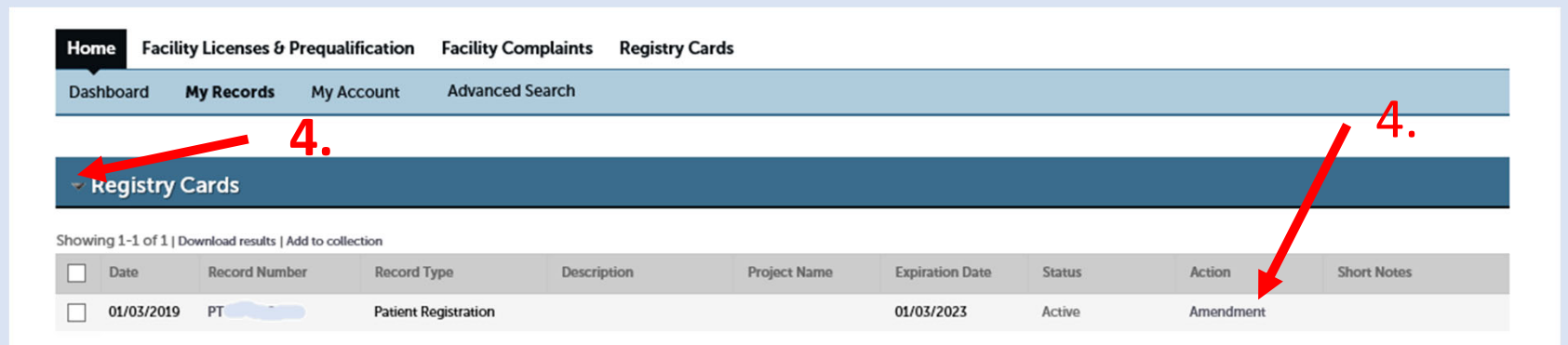
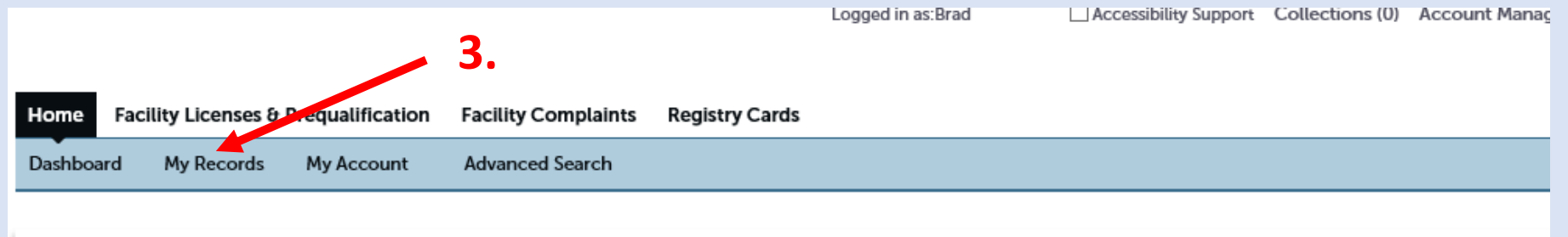
New Users
If you are a new user you may register for a free Citizen Access account. It only takes a few simple steps and you'll have the added benefits of seeing a complete history of applications, access to invoices and receipts, checking on the status of pending activities, and more.

Register Now >

Request Replacement Card (ACA)

3. Click on **Registry Cards**.

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



Request Replacement Card (ACA)

5. Select **Request Replacement Card**.
6. Click **Continue Application**.
7. On the Contact List page, click **Continue Application**.

Home Licenses & Prequalification 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

Request Replacement Card

1 Cardholder Info 2 Address Change Info 3 Residency Info 4 Registry Card Info 5 Supporting Documentation 6 7 8

Step 1: Cardholder Info > Cardholder * indicates a required field.

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
Jimmy Dean		Patient			JimmyD123@123.com	Edit

Request Replacement Card (ACA)

8. Select **Yes** or **No** for an address change.
 - If Yes was selected, fill in all of the required fields.
9. Click **Continue Application**.

Request Replacement Card

1 Cardholder Info 2 Address Change Info 3 Residency Info 4 Registry Card Info 5 Supporting Documentation 6 7 8

Step 2: Address Change Info > Address Change

* indicates a required field.

Custom Fields

ADDRESS CHANGE

Current Address: 123 Main St, Lansing, MI 48906

* Address Change: Yes No

New Address Line 1: *

New City: *

New State: *

New Zip: *

8. Select Yes or No

Required Fields

9. Click Continue Application

Continue Application >

Request Replacement Card (ACA)

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

- If you selected **MI driver license/personal identification card**, provide your information in the required four fields.
- If you selected **Michigan voter registration/government issued document**, you will be asked to upload copies of those documents before submitting this Amendment.

11. Click **Continue Application**.

12. On the Registry Card page, click **Continue Application**.

Custom Fields

RESIDENCY

Patient Proof of Residency: *

Patient First Name: *

Patient Last Name: *

Patient Date of Birth: *

Patient Driver's License/PID: *

Michigan State Issued Driver's License Number or ID

Care

Bear

008/002/1942

77777

10. Select Michigan State Issued Drivers License or Upload Voter ID

Verify info is correct

11. Click Continue Application

Continue Application »

Request Replacement Card

1 2 Address Change Info 3 Residency Info 4 Registry Card Info 5 Supporting Documentation 6 Review 7 8

Step 4: Registry Card Info > Replace Lost/Stolen Card

* Indicates a required field.

Custom Lists

Card	Registration ID	Replace	Actions
	PT-18-000227	Yes	Actions

ed Delete Selected

12. Click Continue Application

Continue Application »

Request Replacement Card (ACA)

13. Review your information along with any changes you've made, then check the **Attestation Box**.
14. Click **Continue Application**. This will take you to the payment tab.
15. 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. Falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.

13. Select Attestation Box

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

Date:

14. Click Continue Application

[Continue Application »](#)

Classification Complaints **Registry Cards**

1 Info 2 Supporting Documentation 3 Review 4 Pay Fees 5 Record Issuance 6

7 Pay Fees 8 Record Issuance

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

	Qty.	Amount
	1	\$10.00

TOTAL FEES: \$10.00
Note: This does not include additional inspection fees, which will be assessed later.

15. Click Continue Application

[Continue Application »](#)

Request Replacement Card (ACA)

16. Select your method of payment.
17. Click **Next**.
18. Fill in all required fields.
19. Click **Next**.
20. Click **Pay Now**.

LARA BMMR Payment Page

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

16. Select payment method

* Indicates required field

Choose method of payment

Pay by electronic payment

Pay by credit card

* Account type:

VISA MasterCard DISCOVER

17. Click next

Back Next Exit

* Indicates required field

Billing Address

Use Business Name

*First Name:

M.I.:

*Last Name:

Street Line 1:

Street Line 2:

City:

State:

Zip:

Country: UNITED STATES

Phone:

*E-Mail:

18. Fill in the Required Fields

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?

19. Click next

Back Next Exit

Payment Amount

Amount: 10.00 USD

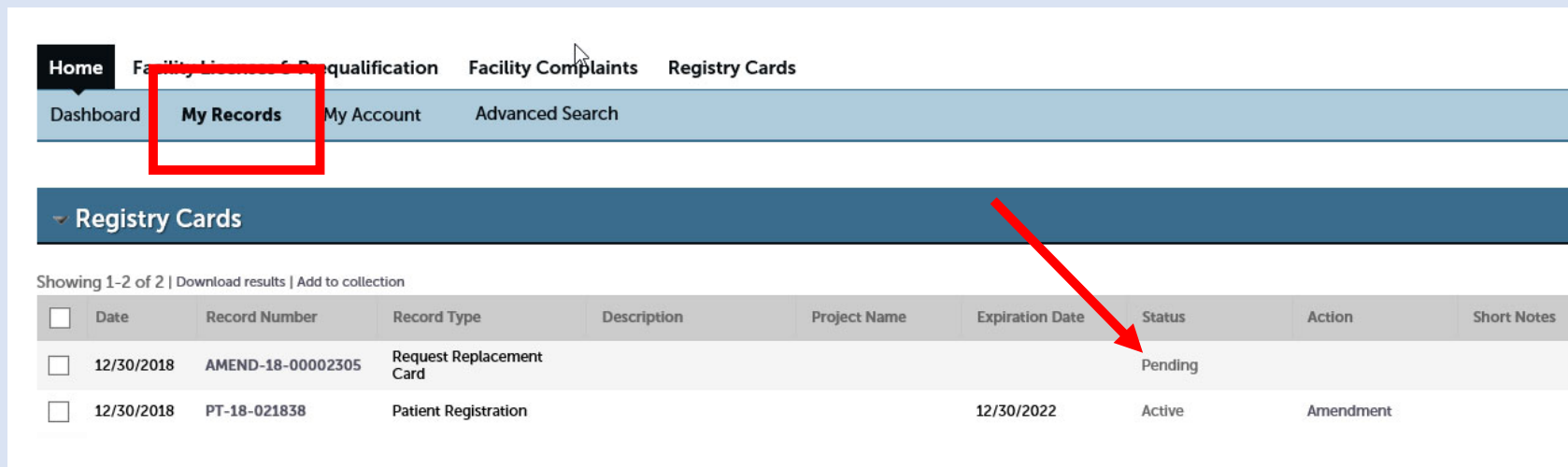
Total: 10.00 USD

20. Click Pay Now

Back Pay Now Exit

Request Replacement Card (ACA)

21. 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 menu items are: Home, Facility History, Facility Qualification, Facility Complaints, Registry Cards, Dashboard, My Records, My Account, and Advanced Search. The 'My Records' item is highlighted with a red box. Below the navigation menu, there is a section titled 'Registry Cards'. Under this section, there is a table with the following data:

<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	