

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Swarm STA to Utah Earth Station to add Point of Communication with SpaceX Gen2 Satellite VHF Beacon

**1. Applicant**

|                   |                             |                      |                        |
|-------------------|-----------------------------|----------------------|------------------------|
| <b>Name:</b>      | Swarm Technologies, Inc.    | <b>Phone Number:</b> | 202-649-2700           |
| <b>DBA Name:</b>  |                             | <b>Fax Number:</b>   |                        |
| <b>Street:</b>    | 435 N Whisman Rd<br>Ste 100 | <b>E-Mail:</b>       | regulatory@swarm.space |
| <b>City:</b>      | Mountain View               | <b>State:</b>        | CA                     |
| <b>Country:</b>   | USA                         | <b>Zipcode:</b>      | 94043 -                |
| <b>Attention:</b> | Kyle Wesson                 |                      |                        |

|                                                                                                                                                                                                                                                                                                                                                             |                                |                      |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------|-----------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                                |                      |                       |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                | William Wiltshire              | <b>Phone Number:</b> | 202-730-1300          |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                             | HWG LLP                        | <b>Fax Number:</b>   |                       |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                              | 1919 M STREET NW, EIGHTH FLOOR | <b>E-Mail:</b>       | WWiltshire@hwglaw.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                | Washington                     | <b>State:</b>        | DC                    |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                             | USA                            | <b>Zipcode:</b>      | 20036 -               |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                                                                           |                                | <b>Relationship:</b> | Legal Counsel         |
| (If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)<br>3. Reference File Number SESLIC2021031700576 or Submission ID                                                                                                      |                                |                      |                       |
| 4a. Is a fee submitted with this application?<br><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                |                      |                       |
| 4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                                                              |                                |                      |                       |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input checked="" type="radio"/> Other</span> </div>                                                                                              |                                |                      |                       |
| 6. Requested Use Prior Date                                                                                                                                                                                                                                                                                                                                 |                                |                      |                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 7. CityDraper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8. Latitude<br>(dd mm ss.s h) 40 28 47.6 N                |
| 9. State UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10. Longitude<br>(dd mm ss.s h) 111 49 22.4 W             |
| 11. Please supply any need attachments.<br>Attachment 1: Letter Attachment 2: Attachment 3:                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |
| 12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)<br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Swarm STA to Utah Earth Station to add Point of Communication with SpaceX Gen2 Satellite VHF Beacon </div>                                                                                                                                                                              |                                                           |
| 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No |                                                           |
| 14. Name of Person Signing<br>Kyle Wesson                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15. Title of Person Signing<br>Senior Regulatory Engineer |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).                                                                                                                                                                                                                             |                                                           |

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