## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for earth station in Brewster WA

1. Applicant

Name: Swarm Technologies, Inc. Phone Number: 608–225–3173

**DBA Name:** Fax Number: 608–225–3173

Street: 845 Madonna Way E–Mail: sara@swarm.space

City: Los Altos State: CA

Country: USA Zipcode: 94024 -

**Attention:** Dr Sara Spangelo

2. Contact			
Name:	Kalpak Gude	Phone Number:	2024374484
Company:	Swarm Technologies	Fax Number:	608-225-3173
Street:	435 N Whisman Rd	E–Mail:	kalpak@swarm.space
City:	Mountain View	State:	CA
Country:	USA	Zipcode:	94043 –
Attention:		Relationship:	Legal Counsel
application. Please enter 3. Reference File Num  4a. Is a fee submitte  If Yes, complete an	er only one.) ber SESLIC2019102201367 of d with this application? d attach FCC Form 159. If N ty Noncommercial education	or Submission ID  To, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGX – Fixed Satellite Transm	nit/Receive Earth Station	
5. Type Request  Use Prior to Grant	<b>o</b> (	Change Station Location	<b>O</b> Other
6. Requested Use Prior 12/27/2019	Date		
7. CityBrewster		8. Latitude (dd mm ss.s h)	48 8 49.2 N

9. State WA	10. Longitude (dd mm ss.s h) 119 41 45.6 W			
11. Please supply any need attachments.				
Attachment 1: Attachment 2: Narrativ	e Attachment 3: Form 312			
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.)  STA request for gateway earth station in Brewster WA.				
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.				
14. Name of Person Signing Kalpak Gude	15. Title of Person Signing General Counsel			
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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