## 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 Mountain View CA

Name:	Swarm Technologies, Inc.	Phone Number:	608-225-3173
<b>DBA Name:</b>		Fax Number:	608-225-3173
Street:	845 Madonna Way	E-Mail:	sara@swarm.space
City:	Los Altos	State:	CA
<b>Country:</b>	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:		<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.) 3. Reference File Number SESLIC2019080601029 or Submission ID						
<ul> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> </ul>						
Governmental Entity Noncommercial educational licensee						
• Other(please explain):						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request						
Use Prior to Grant     O Change Station Location     O Other						
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6. Requested Use Prior 1 12/27/2019	Date					
7. CityMountain View		8. Latitude				
		(dd mm ss.s h	) 37 24 3.6 N			

9. State CA	10. Longitude (dd mm ss.s h) 122 3 26.0 W				
11. Please supply any need attachments.					
Attachment 1: Attachment	t 2: Narrative 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 for a gateway earth station in Mo	untain View, CA.				
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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